

CCD REGISTRATION

Child's Name _____

Child's Age _____ Birth Date _____

Religious Education Grade Level _____

Sacraments Received

	Where	Date
_____ Baptism	_____	_____
_____ Reconciliation	_____	_____
_____ Eucharist	_____	_____
_____ Confirmation	_____	_____

Parent/Guardian: _____

Address: _____

E-Mail _____ Home Phone _____

Fathers Cell _____ Mothers Cell _____

Fathers Work _____ Mothers Work _____

In case of emergency:

Contact: Name _____

Phone _____

Hospital preference: _____

Students physician: _____

Name

Phone number

Allergies: _____

Medical Condition(s): _____

Medications(s): _____

I authorize emergency treatment to be administered to _____

I understand that every attempt will be made to reach me but if the severity of the injury indicates the necessity, the emergency response system may be called.

Signed: _____ Date: _____