

# VISITATION OF OUR LADY Confraternity of Christian Doctrine New Student Registration Form

New students **MUST** present a birth and baptismal certificate when CCD begins. Copies will be made then.

CHILD'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_/\_\_\_/\_\_\_ SEX: M F  
Last First Middle

CHILD'S HOME ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE(S): \_\_\_\_\_

**PLEASE WRITE THE BEST PHONE NUMBER TO LEAVE YOU AN IMPORTANT MESSAGE FROM THE CHURCH:**

(\_\_\_\_\_) \_\_\_\_\_

**Area Code**

Email address: \_\_\_\_\_

LAST GRADE COMPLETED FOR RELIGIOUS EDUCATION: \_\_\_\_\_

RESIDES WITH: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ CELL/WORK #: \_\_\_\_\_  
Last First Middle

MOTHER'S **MAIDEN** NAME: \_\_\_\_\_ CELL/WORK #: \_\_\_\_\_  
Maiden First Middle

Public/Private School attending: \_\_\_\_\_ Public/Private School grade: \_\_\_\_\_

Special Education at academic school: Yes No

## **CHILD'S SACRAMENTAL INFORMATION**

BAPTISM: Church \_\_\_\_\_ City/State \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

1ST COMMUNION: Church \_\_\_\_\_ City/State \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

The above named child is free of any contagious diseases, and is in good physical condition, and able to participate in regular activities. Signing this registration form indicates that the above named student and his/her parents/guardians will adhere to the policies of the CCD program. Signing also allows the publication of your child's name and photo to be published if applicable. (Separate form to decline publication.)

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Does your child have any learning or medical disabilities of which we should be aware? Yes No

If yes, please indicate condition: \_\_\_\_\_

Is he/she on any medication? Yes No

PLEASE LIST AN ADULT WE CAN CONTACT IN AN EMERGENCY IF UNABLE TO REACH PARENT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please list names of any brothers/sisters in CCD:**

\_\_\_\_\_

This space is for office use only: Fee: \_\_\_\_\_ Amt Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash \_\_\_\_\_ Rec. # \_\_\_\_\_

CCD Grade: \_\_\_\_\_ Room #: \_\_\_\_\_ Teacher: \_\_\_\_\_