

**CCD**  
**Saint Ann School of Religion - Registration Form**

\*\*\*\* **Baptismal Record is required for first time registrants**\*\*\*\*

Envelope Number \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address (include zip code) \_\_\_\_\_ Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Work/Cell Phone # \_\_\_\_\_

Business Address \_\_\_\_\_

Mother's Name (include maiden name) \_\_\_\_\_ Work/Cell Phone # \_\_\_\_\_

Business Address \_\_\_\_\_

Legal Guardian's Name \_\_\_\_\_ Work/Cell Phone # \_\_\_\_\_

Business Address \_\_\_\_\_

School Student Currently Attends \_\_\_\_\_

Sacraments Student has received (Circle all that apply)

Baptism      First Penance      Eucharist      Confirmation

Special Medical Conditions \_\_\_\_\_

Procedures to follow if the above occurs \_\_\_\_\_

**In Case of Emergency: Please indicate persons to contact if parents/guardians cannot be reached:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Doctor for emergency \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

In case of accident or illness, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated above and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that been stated above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date