

Religious Education/CCD Student Registration Form

Student Information

Name: _____ Sex: Male Female

Address: _____

Home Phone: _____ Birthdate: _____ Grade: _____

Public School Attending: _____

E-Mail Address: _____

Has the student had any prior religious education other than St. Eulalia's Parish?

Yes No If yes, please explain: _____

<u>Sacraments</u>	<u>Received? Yes/No</u>	<u>Church</u>	<u>Town/State</u>
Baptism			
Reconciliation			
Eucharist			
Confirmation			

Family Information

Father's Name: _____

Mother's Name: _____

Parents are: Married Separated Divorced Widowed

Who is responsible for full-time care? _____

In case of an emergency in which the parents can not be reached, please contact:

Name: _____ Phone Number: _____

Student will be regularly dropped off/picked up by: _____

Are there any special learning needs of the student which should be communicated to the classroom teacher? (Ex: hearing loss, reading level, etc.)

Yes No If yes, please explain: _____

Is the student on any medication or are there any health needs that we should be made aware of?

Yes No If yes, please explain: _____