

# Sacred Heart 2017/2018 CCD Registration

\$40 for the first child/\$55 for two or more

(additional \$25 for sacrament years 2<sup>nd</sup> grade /Confirmation)

Please complete student, family and emergency/medical information.

## **STUDENT INFORMATION:**

Name: \_\_\_\_\_ Grade (2017/2018): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## **FAMILY INFORMATION:**

Family Name: \_\_\_\_\_

Father: \_\_\_\_\_ Address: \_\_\_\_\_

Mother: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

## **EMERGENCY / MEDICAL INFORMATION:**

**Emergency Contact Information:**

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

Relationship to child: \_\_\_\_\_

**Will you allow any adult other than yourselves to pick up your child after class? YES or NO**

If yes, Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Does your child have any allergies, medical or psychological conditions which might affect their classroom activity? YES or NO**

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

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

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Tuition Due: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Cash/Check \_\_\_\_\_