

St. Lawrence 2017/2018 CCD Registration

\$50 for the first child/\$75 for two or more

(additional \$25 for sacrament years 2nd 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: _____

Tuition Due: _____

Date Paid: _____ Cash/Check _____