

St. John the Evangelist Parish CCD Registration

Date _____ Grade in the Upcoming School Year _____

CGS only: Sunday Session _____ Tuesday Session _____

Child's Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Birth Date: _____

School Currently Attending: _____

Special Education Needs: _____

Medical Issues/Alerts (food allergies, etc.) _____

Other Information (esp. custody issues, etc.) _____

Emergency Contact Name & Phone Number _____

Siblings (names & grades/ages) _____

Sacraments & Church Name where child received Sacraments:

Baptism _____ Reconciliation _____

First Communion _____ Confirmation _____

St. John the Evangelist Parish CCD Registration

Father's Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email (optional): _____

Mother's Name _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email (optional): _____

People who are permitted to pick up child (must age 18 or older):

1. _____

2. _____

3. _____

Family Textbook Fee Attached
\$15/Family before July 31st
\$20/Family after August 1st

I do NOT want my child to be
photographed during CCD Events.

I do NOT want my child's photo
(including Confirmation and First
Communion) to appear on the website.