

**OFFICE USE ONLY:**

Tuition Due: \_\_\_\_\_  
 Tuition Paid: \_\_\_\_\_  
 Cash  Check: \_\_\_\_\_  
 M/O: \_\_\_\_\_

**SAINT ANSELM  
 PARISH RELIGIOUS EDUCATION PROGRAM  
 (CCD)  
 Registration Form**

**\*\*Forms submitted with incomplete or missing information will not be accepted\*\***

**FAMILY INFO:  
WHERE CHILD  
RESIDES**

**FAMILY LAST NAME:** \_\_\_\_\_  
 Father's Full Name: \_\_\_\_\_  
 Father's Religion: \_\_\_\_\_  
 Mother's Full Name: \_\_\_\_\_  
 Mother's Maiden Name: \_\_\_\_\_  
 Mother's Religion: \_\_\_\_\_  
 Family Address: \_\_\_\_\_  
 City / State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Numbers Home: \_\_\_\_\_  
 Father Work: \_\_\_\_\_ Mother Work: \_\_\_\_\_  
 Father Cell: \_\_\_\_\_ Mother Cell: \_\_\_\_\_

**A Valid Email Address Is Required – Please Print Clearly**

Email: \_\_\_\_\_  
*This email will be used to provide you with program/calendar updates, information about upcoming program related events, student assignments, and information concerning sacramental preparation. It will serve as the primary means of communication between the program and your family.*

**EMERGENCY  
CONTACT  
INFORMATION****If we are unable to contact a parent in the event of an emergency, whom should we contact?**

Name: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Home / Office / Cell / Other  
 Alt Phone: \_\_\_\_\_ Home / Office / Cell / Other

**ADDITIONAL  
INFORMATION**

**Are there any custody issues?**  Yes  No

**Are there any protection from abuse orders?**  Yes  No

**If you answered "YES" to either question above, you must attach a current copy of the latest court order with registration.**

Do you grant permission for your child's picture to appear on our parish website, bulletin boards, newspaper articles, and/or any social media in relation to events that occur as part of his or her enrollment in PREP?  Yes  No

**CONSENT FOR  
MEDICAL  
CARE****CONSENT FOR MEDICAL CARE:**

I give permission that, in my absence, my children whose name appears on this form, may receive emergency medical care for injuries and all situations that should occur while participating in the CCD Program and activities at St. Anselm Parish.

\_\_\_\_\_  
 Signed (Parent/Legal Guardian)

\_\_\_\_\_  
 Date

<b>STUDENT INFORMATION</b>	Full Name: _____ First  Middle  Last Birth Date: _____ City of Birth: _____ State of Birth: _____ School: _____ Grade as of <b>September</b> : _____ Has the child received prior religious instruction? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES" When: _____ Where: _____
	<b>BAPTISMAL INFORMATION</b>
	<b>EXACT</b> Date: ___ / ___ / ___ Church: _____ Church Mailing Address: _____ _____ Attach a copy of the baptismal certificate for <u>new</u> students if <u>not</u> baptized at St. Anselm.
	<b>SACRAMENTAL INFORMATION</b>
<b>LEARNING INFO</b>	<b>PLEASE READ AND COMPLETE THE FOLLOWING. IF NOT APPLICABLE, PLEASE WRITE "N/A" IN THE SPACE BELOW.</b>
	PLEASE LIST ANY DISABILITIES OR LEARNING ISSUES: _____ _____ _____ _____ DOES YOUR CHILD CURRENTLY HAVE AN IEP OR 504 FOR SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" ARE THERE ANY ISSUES OR NEEDS THAT WE SHOULD BE AWARE THAT WILL HELP US TO BETTER ASSIST YOUR CHILD IN OUR PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF "YES" WE WILL CONTACT YOU.)
<b>MEDICAL INFO</b>	<b>PLEASE READ AND COMPLETE THE FOLLOWING. IF NOT APPLICABLE, PLEASE WRITE "N/A" IN THE SPACE BELOW.</b>
	Please list any Medical Conditions, Allergies, and/or Medications: _____ _____ _____ _____ Does your child have a IHP, MMP, ECP? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "Yes," please submit the treatment plan with this registration form.</b> Will your child need to be administered any medication during program hours? <input type="checkbox"/> Y <input type="checkbox"/> N Does your child require an Epipen or other medication to be administered in the case of an emergency, such as a severe allergic reaction or seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No