

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: _____

Registered Parish: _____

Phone Numbers Home: _____

Father Work: _____ Mother Work: _____

Father Cell: _____ Mother Cell: _____

A Valid Email Address Is Required – Please Print Clearly

Email: _____

*This email 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

STUDENT INFORMATION	Full Name: _____ First Middle Last Birth Date: _____ City of Birth: _____ State of Birth: _____ School: _____ Grade as of September : _____ Has the child received prior religious instruction? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES" When: _____ Where: _____
	BAPTISMAL INFORMATION
	EXACT Date: ____ / ____ / ____ Church: _____ Church Mailing Address: _____ _____ <i>Attach a copy of the baptismal certificate for new students if not baptized at St. Anselm.</i>
	SACRAMENTAL INFORMATION
	Has your child received the sacrament of Penance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what parish, and what year: _____ Has your child received the sacrament of Holy Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what parish, and what year: _____
LEARNING INFO	PLEASE READ AND COMPLETE THE FOLLOWING. IF NOT APPLICABLE, PLEASE WRITE "N/A" IN THE SPACE BELOW. 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.)
MEDICAL INFO	PLEASE READ AND COMPLETE THE FOLLOWING. IF NOT APPLICABLE, PLEASE WRITE "N/A" IN THE SPACE BELOW. 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 If "Yes," please submit the treatment plan with this registration form. 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