

**CCD REGISTRATION FORM
SACRED HEART-ST. CASIMIR PARISH
2017-18 SCHOOL YEAR**

Student Name (First, MI, Last): _____

Address: _____

Home Phone: _____ Date of Birth: _____ Grade level: _____

Mother's Name: _____ Father's Name: _____

Mother's Religion: _____ Father's Religion: _____

Mother's work phone: _____ Father's work phone: _____

Mother's cell phone: _____ Father's cell phone: _____

E-mail address (One that the teacher or DRE can use to communicate with a parent):

If Child's parents are divorced, deceased, or if the child is living with someone other than a parent, or if a single parent household, please use this space to describe the situation:

School currently attending: _____

Baptism date: _____ Church of Baptism: _____

Does your child have: (Please list and be specific as needed)

A learning disability? _____

A physical handicap? _____

Any allergies (including food)? _____

Vision problems? _____

Please list anything else you feel that your Child's teacher needs to know:

Payment information:

Paid: _____ Cash _____ Check _____ will pay later

Date: _____ Amount paid: _____

\$35.00 1 child
\$60.00 2 children
\$80.00 3 children