

**MARY, MOTHER OF GOD PARISH
CCD STUDENT INFORMATION FORM**

EMAIL ADDRESS FOR YOUR FAMILY _____

PHONE NUMBER FOR TEXT COMMUNICATION _____

Student's Name _____ Date of Birth _____

Address _____

Phone # _____ Emergency name/number _____

School Attending _____ Grade _____

Father's Name _____ Religion _____

Occupation _____ Phone # _____

Mother's Name _____ Religion _____

Occupation _____ Phone # _____

Parents are: ___ Single ___ Married ___ Remarried ___ Separated
___ Widowed ___ Divorced

Who is responsible for child care: _____

Who will bring student to class: _____

Who will pick up student: _____

Please indicate the Church and date (if possible) for the following:

| | Yes/No | Date | Church with City/State |
|---------|--------|-------|------------------------|
| Baptism | _____ | _____ | _____ |

First Reconciliation _____

First Eucharist _____

Confirmation _____

(over)

Please list all relevant medical conditions of which we should be aware: _____

Please indicate any special learning needs your child has so we can try to best meet their needs: _____

Previous Religious Education

CCD Where: _____ **No. of Years** _____

Catholic School Where: _____ **No. of Years** _____

Parish Affiliation

Are you and your family presently registered in any Parish? _____

If yes, which Parish: _____

Please check one of the classes your child would be attending:

_____ **Tuesday 3:00 pm – 4:00 pm**

_____ **Sunday 9:30 am – 10:45 am**

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In submitting this application, I hereby agree that Mary, Mother of God Parish, employees, and volunteers will not be held responsible for any accident or personal injuries occurring during the Religious Education sessions.

Parent Signature: _____

Date: _____

I hereby grant permission for Mary, Mother of God Parish to use my child's picture or likeness for media and/or print publicity.

Parent Signature: _____

Date: _____