

*Mary, Mother of God Parish*  
*CCD Student Information Form*

Registration Date \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ Email address \_\_\_\_\_

Emergency Contact Name and Phone \_\_\_\_\_

Emergency Contact's Relationship to student \_\_\_\_\_

Public School \_\_\_\_\_ Grade \_\_\_\_\_

Is your child learning disabled? \_\_\_\_\_

Is your child in special education classes? \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

\_\_\_\_\_

Is your child on any medication or are there any health issues of which we should be aware? \_\_\_\_\_

\_\_\_\_\_

Has your child received the following Sacraments?

Sacrament	Yes/No	Date	Church	City/State
Baptism	_____	_____	_____	_____
Reconciliation	_____	_____	_____	_____
Eucharist	_____	_____	_____	_____
Confirmation	_____	_____	_____	_____

Family Information

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Occupation \_\_\_\_\_ Telephone \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Religion \_\_\_\_\_

Occupation \_\_\_\_\_ Telephone \_\_\_\_\_

**OVER** →

Parents are: (Please check)

\_\_\_ Single \_\_\_ Married \_\_\_ Remarried \_\_\_ Separated \_\_\_ Widowed \_\_\_ Divorced

Who is responsible for the child's care? \_\_\_\_\_

The child will be regularly dropped off by? \_\_\_\_\_

The child will be picked up by \_\_\_\_\_

Previous Religious Education

CCD, Where? \_\_\_\_\_ Number of years \_\_\_\_\_

Catholic School, Where? \_\_\_\_\_ Number of years \_\_\_\_\_

Parish Affiliation

Is your family presently registered in this or any other parish? \_\_\_\_\_

If yes, which one \_\_\_\_\_

If not registered at MMOG Parish, would you like us to send you a registration form? Yes \_\_\_\_\_ No \_\_\_\_\_

Please check **ONE (1)** of the classes your child will be attending:

TUESDAY Class 2:45p-3:45p \_\_\_\_\_ **OR** SUNDAY Class 9:30a – 10:45a \_\_\_\_\_

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**In submitting and signing this application, I hereby agree that Mary, Mother of God Parish, employees, and volunteers will not be held responsible or liable for any accident or personal injuries 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:** \_\_\_\_\_