

ST LADISLAUS REGISTRATION – RELIGIOUS EDUCATION (CCD)
2016-2017

<u>Name of Child(ren)</u>		<u>Grade</u>	<u>Birthdate</u>	<u>Child's Sacraments Received (✓)</u>		
<u>First Name</u>	<u>Last Name</u>			<u>Baptism</u>	<u>1st Rec.</u>	<u>1st Communion</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Father's Name _____
First Last

Mother's Name _____
First Last Maiden

Address: _____
Street City/Town State Zip Code

Phone _____ Cell Phone (Father) _____
 Cell Phone (Mother) _____

E-mail _____ Alternate E-mail _____

Name of person to contact in case of emergency (in addition to parents);

_____ Name Phone Relationship to Child

Medical Concerns:

Is the child on medication? No ___ Yes ___ Name of Child _____

Is he/she to receive it during class? No ___ Yes ___ Name of Child _____

Are there any effects we need to be aware of that the medication may produce? No ___ Yes ___

If yes, please explain _____

Are there any physical restrictions the CCD Program needs to accommodate? No ___ Yes ___

If yes, please explain _____

Are there any special needs of child? No ___ Yes ___ Name of Child _____

If yes, please explain _____

Does your child have any allergies that we need to be aware of? No ___ Yes ___

If yes, please list _____

(Over)

Are there any social or personal problems with the students that we need to be aware of? No_____ Yes____ If yes, please explain_____

Does the child have a learning disability? No_____ Yes_____ If yes, please explain_____

Is there anything else you would want us to be aware of concerning your child's medical condition or special needs when it comes to learning?_____

Parish Website:

Will you allow your child(ren) to be included on the parish website for the 2016-17 school year? Yes_____ No_____

Children in Grades Pre-School through Grade 3:

In order to provide for the safety of your children, we ask that children in Grades Pre-School through Grade 3 be picked up on Sunday mornings at 10:00 a.m. in their classroom and ONLY by the parent or guardian specified below. If there is a Sunday where you need to have someone other than the person specified pick up your child(ren), we must have that in writing for the day in question.

My child(ren) will be picked up at 10:00 a.m. in the CCD Center on Sunday mornings by:

Tuition:

No tuition for 3 and 4-year-old pre-school

\$35 per child in Grades Kindergarten thru Grade 10 before Sept. 1. (\$45 per child after Sept. 1)

\$90.00 per family with 3 or more children (K-10) before Sept. 1. (\$115 after Sept. 1)

Amount Pd_____ **Date**_____

For office use only

Tuition paid-Amount_____ check #_____ Cash_____

Amount Due_____

Please return this form and the Verification of Parent Safe Environment Training Form to St. Ladislaus Parish by September 1, 2016