St. Joseph the Worker Parish CCD
Student Registration Form
2018-19

(Please complete one sheet for **each** child in the program)

Child's Name _____ Grade _____
First Last

Date of Birth _____ Place of Birth _____
Month Day Year

Address _____ Phone # _____

Parent's E-mail _____ Cell # _____

Father's Full Name _____ Religion _____

Mother's Full Name _____ Religion _____

Please list any special needs your child may have that **I** should know about: (ex: ADD/ADHD, Allergies, Asthma, or a Learning Disability of any kind, etc.)

_____

_____

Name of person who **usually** drops off/picks up your child: _____

Name of person to be contacted in case of an emergency:

_____ _____
Name/Relationship to child Phone #

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Sacramental Records: Please provide information below. NOTE: A copy of the child's baptism certificate **must be sent** if your child was **not** baptized at **St. Joseph the Worker.**

Baptism _____ **Date** _____
Church City State Month Day Year

First Communion _____ **Date** _____
Church City State Month Day Year

Confirmation _____ **Date** _____
Church City State Month Day Year