

**St. Christopher's Catholic Church Religious Education Late Registration 2016-2017**

**CHILD'S INFORMATION**

Child Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Grade in Fall 2016: \_\_\_\_\_ School Attending: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ City/State: \_\_\_\_\_ Place Previous Religious Ed \_\_\_\_\_

Sacraments Needed: \_\_\_\_\_ Baptism \_\_\_\_\_ First Reconciliation (1<sup>st</sup>/2<sup>nd</sup> gr.) \_\_\_\_\_ First Communion (1<sup>st</sup>/2<sup>nd</sup> gr.) \_\_\_\_\_ Confirmation (7<sup>th</sup>/8<sup>th</sup> gr)

If your child was not baptized at St. Christopher's and he/she will be going into the 2<sup>nd</sup> grade, or 8<sup>th</sup> grade, we will need a copy of the baptismal certificate along with this registration form or **as soon as possible during the registration period.**

\_\_\_\_\_ (please initial) **I confirm that I am a registered member of St. Christopher's Church. \***

\_\_\_\_\_ (please initial) **I commit to faithfully bring my child to religious education & Mass every week.**

*\*If your family is not registered at St. Christopher's, registration forms are available at either the DRE or parish office, or you can download it from our website [www.dicksoncatholic.com](http://www.dicksoncatholic.com).*

**FAMILY INFORMATION**

Family last name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Religion: \_\_\_\_\_ Phone#: \_\_\_\_\_

Mother's address (if different from above): \_\_\_\_\_

Father's name: \_\_\_\_\_ Religion: \_\_\_\_\_ Phone#: \_\_\_\_\_

Father's address (if different from above): \_\_\_\_\_

LOCAL EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

**\*I ACKNOWLEDGE THAT I HAVE RECEIVED THE RELIGIOUS EDUCATION PARENT/STUDENT HANDBOOK & YEARLY CALENDAR. PARENT SIGNATURE \_\_\_\_\_**

*FOR SAFETY REASONS, WE ASK THAT YOU PLEASE WALK YOUR "PRE-K TO 5<sup>TH</sup>" GRADE CHILD TO HIS/HER ASSIGNED CLASSROOM, RATHER THAN DROPPING THEM OFF.*

**ALL INFORMATION PROVIDED IS CONFIDENTIAL:**

Does your child have any allergies or medical conditions of which we should be made aware?

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Does your child take any daily medication?

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**If an EPI-PEN or other medical device is necessary for your child, please contact the religious education office.**

Does your child have any learning conditions of which we should be made aware?

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Is there any additional information you feel we should be made aware of?

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**LATE REGISTRATION FEES ARE AS FOLLOWS:**

One child - \$35.00, Two children - \$40, Three children - \$50, Four or more children - \$60

If you are unable to pay the required fee, your child may still register. Please let us know at registration, if these circumstances apply to you.

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**OFFICE USE ONLY:**

Student assigned to \_\_\_\_\_ CCD class

\*Acknowledgment signed above: \_\_\_\_\_

Special needs noted above: \_\_\_\_\_

Form of payment:

**Cash:**( ) Amount: \$\_\_\_\_\_ Receipt #: \_\_\_\_\_ **Check:**( ) Check #: \_\_\_\_\_ Amount: \$\_\_\_\_\_ Receipt #: \_\_\_\_\_

Fee waived: \_\_\_\_\_