

# St. Valentine CCD Registration

2018 - 2019

PLEASE FILL OUT ONE REGISTRATION FORM FOR EACH NEW STUDENT

Student's Name \_\_\_\_\_  
(Last) (First) (Middle) (Nickname)  Male  Female

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

Grade Level Sept. 2018 \_\_\_\_\_ School and District \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address that you check several times a day. (Please Print) \_\_\_\_\_

(Communication from the Religious Education Office is through email and/or EBLAST that can only be opened on a computer. **OUR EBLASTS ARE NOT MOBILE COMPATIBLE.** The office is not responsible for any undeliverable email addresses. The Religious Education Office also sends out notifications via Saint Valentine Mobile App).

Phone Numbers (List 2 best contact numbers) \_\_\_\_\_  
(Home) (Cell)

**Emergency Contact:**  
Someone who can pick up your child \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone Number)  
in the event you cannot be reached Relationship to child: \_\_\_\_\_

Name of Parish/Address to which you belong:  St. Valentine  Other – Name & Address  
\_\_\_\_\_  
\_\_\_\_\_

Where did child attend Religious Ed last year:  St. Valentine  Other – Name & Address  
\_\_\_\_\_  
\_\_\_\_\_

**Sacramental Information:**

Date of Baptism \_\_\_\_\_  St. Valentine  Other – Name & Address  
\_\_\_\_\_  
\_\_\_\_\_

Date of First Reconciliation \_\_\_\_\_  St. Valentine  Other – Name & Address  
\_\_\_\_\_  
\_\_\_\_\_

Date of First Eucharist \_\_\_\_\_  St. Valentine  Other – Name & Address  
\_\_\_\_\_  
\_\_\_\_\_

**Please circle the number that best describes the family:**

- |  |  |
|--|--|
| 1. Student lives with both parents (same last name)      | 5. Student lives only with father                    |
| 2. Student lives with both parents (different last name) | 6. Student lives with guardian (different last name) |
| 3. Student lives only with mother (same last name)       | 7. Other _____                                       |
| 4. Student lives only with mother (different last name)  | _____  |

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Schedule of classes (please circle the day and/or program you prefer)

- |  |  |
|--|--|
| <input type="checkbox"/> <b>MONDAY - 6:15 PM-7:45 PM</b><br>(Grade 1 through Grade 8)                              | <input type="checkbox"/> <b>WEDNESDAY - 6:15 PM-7:45 PM</b><br>(Grade 1 through Grade 8) |
| <input type="checkbox"/> <b>HOMESTUDY (Non-Sacramental Grades Only – GRADES 2 &amp; 8 MUST ATTEND CCD CLASSES)</b> |  |

