

# St. Valentine CCD Registration

2018-2019

PLEASE FILL OUT ONE REGISTRATION FORM FOR EACH RETURNING FAMILY

1. Student's Name \_\_\_\_\_  
(Last) (First) (Middle) (Nickname)

Male  Female Grade Level Sept. 2017 \_\_\_\_\_ School Name \_\_\_\_\_

2. Student's Name \_\_\_\_\_  
(Last) (First) (Middle) (Nickname)

Male  Female Grade Level Sept. 2017 \_\_\_\_\_ School Name \_\_\_\_\_

3. Student's Name \_\_\_\_\_  
(Last) (First) (Middle) (Nickname)

Male  Female Grade Level Sept. 2017 \_\_\_\_\_ School Name \_\_\_\_\_

4. Student's Name \_\_\_\_\_  
(Last) (First) (Middle) (Nickname)

Male  Female Grade Level Sept. 2017 \_\_\_\_\_ School Name \_\_\_\_\_

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  
\_\_\_\_\_  
\_\_\_\_\_

**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 check 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> |  |

**Fees:** First child - \$50.00 Two or more children - \$75.00

If you are an in-active member or outside the parish the fee is \$65.00 for one child or \$90.00 for two or more children. (You are considered an active member if you come to Mass regularly and contribute to the church via the envelope system.) No refunds on tuition.

I can volunteer as a Substitute Catechist \_\_\_\_\_

I can volunteer as a: Catechist \_\_\_\_ Hall Monitor \_\_\_\_ Vacation Bible School \_\_\_\_ Children's Liturgy \_\_\_\_

Please select the day you can volunteer:  Monday (6:05 PM-7:45 PM)  Wednesday (6:05 PM-7:45 PM)

I give permission to the CCD program at St. Valentine to use photographs, videos, voice recordings, and quotations for the purpose of promoting CCD activities and programs.

**Student's Special Concerns:** Learning \_\_\_\_ Behavioral \_\_\_\_ Medical \_\_\_\_ Allergies (Please List) \_\_\_\_\_

**PLEASE ATTACH OR LIST ANY INFORMATION YOU FEEL MAY BE HELPFUL TO YOUR CHILD'S LEARNING ENVIRONMENT:**

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

**Family Name:** \_\_\_\_\_

**Number of Students:** \_\_\_\_\_ **Grades:** \_\_\_\_\_

**Total Tuition for 2018-2019:** \$ \_\_\_\_\_

**Check No.** \_\_\_\_\_ **Cash** \_\_\_\_\_ **Money Order** \_\_\_\_\_ **Date** \_\_\_\_\_