

2015-2016 St. Joseph's CCD Registration

- A separate form must be completed for each child.
- A permission/medical release form must also be completed for each child.
- Please print all information

Student's Name _____

Date of Birth _____ School Grade _____

Address _____

City _____ State _____ Zip _____

Home Phone Number _____

Father's Name _____

Father's Cell Phone _____

Mother's Name _____

Mother's Cell Phone _____

Emergency Contact _____

Emergency Contact Phone _____

**I will to the best of my ability, ensure that _____
will attend Mass on a weekly basis.**

_____ Signature of parent or guardian