

## St. Elizabeth/St. Mark CCD Registration Form

Student's Name \_\_\_\_\_ Male Female

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_ (Please print clearly)

Our family is registered at \_\_\_\_\_ parish. Child's

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

Age \_\_\_\_\_ Grade \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Church of Baptism \_\_\_\_\_

If new to program, please attach a copy of **Baptismal Certificate** with this registration.

School your child is attending \_\_\_\_\_

### Emergency Contact Information

Name	Relationship	Phone Number
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Does your child have any food allergies? If so, please explain. \_\_\_\_\_

In the event of an emergency, in which I cannot be contacted, emergency medical staff may take appropriate action to best serve the interest of my child. Therefore, in consideration of your acceptance of this registration, I hereby for myself, my heirs, and assignees waive any and all claims for the damages which I might have against St. Elizabeth/St. Mark Community Parish for any and all injuries suffered by my child.

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

### Office Use Only:

Registration Fee: 1st Child - \$20.00 2nd Child - \$15.00 3rd Child - \$10.00

Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash