

Holy Family Church
CCD PROGRAM
2025/2026 REGISTRATION FORM

Family Name:						
Street:		City:		ZIP:		
Mother's Name:			Father's Name:			
Mother's E-Mail:			Father's E-Mail:			
Mother's Cell Phone:			Father's Cell Phone:			
Mother's Address if Different			Father's Address if Different			
Student First Name	Birth date	Grade in September	School	Sacraments Received:		
				Baptism	Penance	Eucharist

In the event of a medical emergency, every effort will be made to contact parents or guardians at the numbers listed above. If a parent cannot be contacted, permission is given for the child to receive medical treatment as deemed necessary by the attending physician at the nearest hospital.

Emergency Contacts:	Name:	Cell Phone:
	Name:	Cell Phone:

Date: _____ Signature of Parent or Guardian: _____

What better way for parents to teach their children about service than to serve. As a Parish Community it is wonderful to have the help of parents. Would you be able to give your time as:

Teacher _____ Aide _____ Office Help _____ Music _____ Special Programs _____

<p>TUITION: Age 3 through 8th Grade</p> <p>\$80.00 for 1 Child \$100.00 for 2 Children \$130.00 for 3+ Children If you register after July 30, the fees are: \$100.00 for 1 Child \$120.00 for 2 Children \$140.00 for 3 Children</p>	<p>CLASS SCHEDULE: SUNDAY Age 3 through 8th Grade 9:30 am to 10:45 am</p> <hr/> <p style="text-align: center;">PLEASE NOTE:</p> <p>Please complete the enclosed Registration Form and return it (along with the appropriate Registration Fee) as soon as possible, if you register after July 30, 2025, you will be charged late registration fee. Please register as early as possible that will help us to prepare and plan for next year with sufficient books, teachers and classrooms.</p>
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To help us better serve the needs of your children. Please complete the following. All information will be kept Confidential, and only shared with teacher if needed to for learning and safety purposes.

Who lives in the family home? (parents, siblings, grandparents, extended family) _____

Please share the "language spoken at home"? _____

Child #1 _____

Please list any medical or health Condition of your child. _____

Please list any allergies affecting your child. _____

Please share any learning difficulty? Does your child have an IEP or 504? _____

Please share any behavioral, emotional or social difficulty for your child? (shy, anxiety etc...) _____

Child #2 _____

Please list any medical or health Condition of your child. _____

Please list any allergies affecting your child. _____

Please share any learning difficulty? Does your child have an IEP or 504? _____

Please share any behavioral, emotional or social difficulty for your child? (shy, anxiety etc...) _____

Child #3 _____

Please list any medical or health Condition of your child. _____

Please list any allergies affecting your child. _____

Please share any learning difficulty? Does your child have an IEP or 504? _____

Please share any behavioral, emotional or social difficulty for your child? (shy, anxiety etc...) _____

Please list any other helpful information you would like the Religious Education Office to know _____
