

CCD RE-REGISTRATION FORM FOR 2018-2019

All families must re-register every year so that records can be accurately maintained.

FAMILY LAST NAME _____
FULL HOME ADDRESS _____

**** PLEASE NOTE: In listing names of children, please include last name only IF it is different from the family name under which the family is registered. ****

**** IF YOU ARE NEW TO ST. MICHAEL'S CCD PLEASE INDICATE WHAT PARISH AND GRADE YOUR CHILD LAST HAD RELIGIOUS EDUCATION. ALSO WE NEED A COPY OF THEIR BAPTISM CERTIFICATE. ** Or if your child is entering 1st grade we need a *Baptism Certificate* *

Names of children:	Prior parish and grade:
_____ grade in September _____	_____
_____ grade in September _____	_____
_____ grade in September _____	_____
_____ grade in September _____	_____
_____ grade in September _____	_____

Circle Choice: All classes are held at the Deal School, Roseld Avenue, Deal.

TUESDAY 4:00 – 5:00 PM SUNDAY 10:00 – 11:00 AM HOME STUDY
Grades 3, 4, or 5 ONLY

\$85.00 PER CHILD
REGISTRATION DUE BACK ASAP! AFTER APRIL 6TH THERE WILL BE A LATE FEE OF \$25.00 PER CHILD.

___ CASH ___ CHECK (payable to St. Michael's)
___ VISA/MASTERCARD NO. _____ EXPIRATION DATE _____
SIGNATURE _____

Please add any information about your child, which will assist us, such as learning style or limitation, physical considerations, etc: _____

EMERGENCY INFORMATION: PLEASE WRITE CLEARLY!!! THIS IS IMPORTANT INFO!

Name of parent(s)/ guardian _____
Home Phone _____ Work/Day _____ Cell Phone _____

If parent cannot be reached, please contact:
1. Name _____ Phone _____ Relationship to child _____
2. Name _____ Phone _____ Relationship to child _____

In case of accident or illness, I request that I be contacted. If I cannot be reached, please call the persons listed above, or my child's doctor:
Doctor's name _____ Phone _____

Signature of parent/guardian _____

I HAVE READ THE PARENT/CHILD INFORMATION SHEET FOR ST MICHAEL'S CCD PROGRAM, AND I AGREE TO COMPLY WITH ALL POLICIES AND PROCEDURES.

Signature _____ Date _____
Place in the collection basket, or bring it to CCD, or mail to: St. Michael's Outreach & Education Center, 6 West End Court, West End NJ 07740 Attention: Patty Chavez