

ST. ROSE OF LIMA CCD REGISTRATION

CHILD/S NAME: _____ DATE OF BIRTH: _____
(PLEASE USE NAME APPEARING ON YOUR CHILD'S BIRTH CERTIFICATE)

PARENT'S/GUARDIAN'S NAME: _____ GRADE-SCHOOL: ___ RE ___

ADDRESS: _____ E-MAIL: _____

HOME PHONE: _____ CELL _____ WORK _____
(IF YOUR CHILD HAS RECEIVED ANY OF HIS/HER SACRAMENTS AT ST. ROSE, PLEASE JUST WRITE "ST. ROSE" ON THE DATE LINE)

SACRAMENTAL INFORMATION

BAPTISM

Date: _____
Parish: _____
City/State: _____

FIRST COMMUNION

Date: _____
Parish: _____
City/State: _____

CONFIRMATION

Date: _____
Parish: _____
City/State: _____

PARENTAL CONSENT

We/I give our/my permission for my son/daughter to attend St. Rose of Lima CCD Religious Education Program. It is understood that all responsible caution will be taken to prevent accidents and/or injuries. In the event of an accident/injury, we/I hereby release the Diocese of Cheyenne, St. Rose of Lima Parish, the Priest, Deacon, Sister, Employees and Volunteer staff from any financial liability, whatsoever, resulting from or in any manner arising out of any injury or damage, which may be incurred on account of my son's/daughter's participation.

We/I give permission to the supervising adults to seek medical/hospital help for our/my son/daughter if he/she is in need of such help.

MEDICAL INFORMATION

Allergies _____ Medications: _____
Health information we need to be aware of _____
Insurance Company _____ Policy# _____
Policy Holder's Name _____ SS# _____
Family Doctor _____ Family Dentist _____

Signature of Parent/Guardian _____ Date _____

We have read and understand the Attendance Policy for St. Rose of Lima CCD Sacramental Classes.

Parent/Guardian _____ Date _____
Student _____ Date _____

We have read and understand the Discipline Policy for St. Rose of Lima CCD Sacramental classes.

Parent/Guardian _____ Date _____
Student _____ Date _____