2024 - 2025 CCD Registration

Blessed Sacrament Parish St. Elizabeth Ann Seton Parish Sts. Mary & Joseph Parish



Student Information

First	Middle	Last			
Address,					
Date of Birth:	///	Male	Female		
Grade entering	School				
Sacraments Celebrated					
	Date (mm / Year)		City/ State		
Baptism					
1st Reconciliation					
1st Eucharist					
Confirmation					
Parent Information Name: Mothe	PT		N		
	Email				
Father_		Phone Text Y	N		
Student lives with: _					
Parish where family is registered					
For Office use Only: \$30 per student fee (\$50 per family) for Faith Formation.					
Check Cash eGiving Amount paid Date					

2024 - 2025 MEDICAL / EMERGENCY FORM

Date			
Student Name			
Emergency Contact _	(Name) (If	PhonePhone	
	PART 1: TO G	GRANT CONSENT	
I hereby give consent for the	e following medica	al care provider's and local hospital to be called:	
Physician		Phone	
Dentist —		Phone	
Hospital		E.R. Phone	
event the designated practition (2) the transfer of the child to a	ner is not available any hospital reason edical history, including a doctor shou	uding allergies, medications being taken, and	
Signature of Parent/ Guardian		Date	
Relationship to student			
	PART 2: REI	FUSAL TO CONSENT	
		dical treatment of my child. In the event of wish the Church authorities to take the	
Signature of Parent/ Guardi	an	Date	
Relationship to Student			