



OUR LADY OF THE ROSARY CHURCH CCD REGISTRATION FORM, GRADES 1-8

CHILD'S INFORMATION

Full name	
Name of Parents/Guardians	
Home address	
Home phone	
Mobile or cellular phone	
Work phone	
E-mail address	
Child's Birthday (MM/DD/YYYY)	
Child's School	
Current Grade	

SACRAMENT INFORMATION

Date and location of Baptism (<i>Please have the church send us a copy of the Baptismal Certificate</i>)	
Date and location of First Reconciliation	
Date and location of First Communion	
Sacraments for which child must be prepared (Reconciliation, Communion, and/or Confirmation)	
Was your child previously enrolled in a CCD program? If so, for how long and where?	

EMERGENCY AND MEDICAL INFORMATION

In case of emergency, contact	
Emergency contact's address	
Emergency contact's phone	
Known medical conditions and/or learning needs	
Known allergies	
Current medications	