



2017-18 | Family Re-Registration Form

For families with children who have been previously registered in our "CCD" Program.

MAILING NAME: _____

MAILING ADDRESS: Street: _____ City: _____ Zip: _____

*EMAIL(S): _____

HOME PHONE: _____ MOTHER CELL: _____ FATHER CELL: _____

STUDENT INFORMATION: Any child that is <u>new</u> to the program, please fill out a New Student Registration Form.					
FIRST NAME	LAST NAME	GRADE IN SCHOOL	PREP CLASS TIME	List any medical, physical, mental or emotional conditions, especially food allergies.	Please list any issues related to reading or learning ability or social, behavioral or coping needs.
			<input type="checkbox"/> Sunday AM (K-4) <input type="checkbox"/> Sunday PM (5-8)		
			<input type="checkbox"/> Sunday AM (K-4) <input type="checkbox"/> Sunday PM (5-8)		
			<input type="checkbox"/> Sunday AM (K-4) <input type="checkbox"/> Sunday PM (5-8)		
			<input type="checkbox"/> Sunday AM (K-4) <input type="checkbox"/> Sunday PM (5-8)		

Please list any custody/legal issues or family/home situations. Example: Move, divorce, death of loved one or pet, or if someone other than parent is responsible to religious education.

I give permission for pictures and/or video of my child(ren) engaged in activities related to any St. Ignatius event posted in publications or the parish website. Names of participants will not be used without expressed permission from the parent or guardian.

**SIGNATURE: _____ DATE: _____

FORM RETURNS: Forms due by **Sunday, August 6, 2017** to the Religious Education Office, Church Office or Rectory. PREP calendar and tuition fee statement will be sent after form is received.