

**\*New students must present a copy of child's baptismal certificate    \*\*Please return this packet no later than July 16, 2021    \*\*\*Please Print**

**FAMILY INFORMATION**

Parent Names (Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_ FIRST/LAST

Circle One                      Married   Divorced   Separated   Widowed                      Married   Divorced   Separated   Widowed

Mother's Maiden Name \_\_\_\_\_ Family Home Phone # \_\_\_\_\_ Internet at Home? Y N

Mother's Address \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Email Address \_\_\_\_\_

Father's Address \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Email Address \_\_\_\_\_

**STUDENT # 1 INFORMATION**

Student's Name \_\_\_\_\_ Grade in 2021-2022 \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ M F

Church of Baptism \_\_\_\_\_ Lives With \_\_\_ MOM \_\_\_ DAD \_\_\_ Guardian (Name \_\_\_\_\_)

Student's Cell Phone \_\_\_\_\_ Student's Email Address \_\_\_\_\_

Allergies \_\_\_\_\_

Physical, emotional or special learning needs \_\_\_\_\_

**STUDENT # 2 INFORMATION**

Student's Name \_\_\_\_\_ Grade in 2021-2022 \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ M F

Church of Baptism \_\_\_\_\_ Lives With \_\_\_ MOM \_\_\_ DAD \_\_\_ Guardian (Name \_\_\_\_\_)

Student's Cell Phone \_\_\_\_\_ Student's Email Address \_\_\_\_\_

Allergies \_\_\_\_\_

Physical, emotional or special learning needs \_\_\_\_\_

**STUDENT # 3 INFORMATION**

Student's Name \_\_\_\_\_ Grade in 2021-2022 \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ M F  
Church of Baptism \_\_\_\_\_ Lives With \_\_\_MOM \_\_\_DAD \_\_\_Guardian (Name \_\_\_\_\_)  
Student's Cell Phone \_\_\_\_\_ Student's Email Address \_\_\_\_\_  
Allergies \_\_\_\_\_  
Physical, emotional or special learning needs \_\_\_\_\_

**STUDENT # 4 INFORMATION**

Student's Name \_\_\_\_\_ Grade in 2021-2022 \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ M F  
Church of Baptism \_\_\_\_\_ Lives With \_\_\_MOM \_\_\_DAD \_\_\_Guardian (Name \_\_\_\_\_)  
Student's Cell Phone \_\_\_\_\_ Student's Email Address \_\_\_\_\_  
Allergies \_\_\_\_\_  
Physical, emotional or special learning needs \_\_\_\_\_

**NOTICE: If you need to add more children, please complete the additional registration form.**

I/We agree to the following:

\*The above child(ren) are free of any contagious diseases, and are in good physical condition, and able to participate in regular activities. Signing this registration form indicates that the above named students and their parents/guardians will adhere to the policies of this CCD program.

\*Our family has read the CCD Family Handbook and understand the contents included.

\*We understand that parents (guardians) are the primary catechists and the CCD program is to assist in living out the faith at home.

→Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*ONE Archdiocese of Cincinnati Permission, Release & Medical Power of Attorney Form must be completed for each student\*\***

<b><u>2021-2022 St. John the Baptist Tuition Rates Grades 1-12</u></b>			
\$80.00	One Student	\$240.00	Three Students
\$160.00	Two Students	\$320.00	4 or More Students

<b><u>OFFICE OF RELIGIOUS EDUCATION USE ONLY - DO NOT WRITE IN THIS SECTION</u></b>			
Tuition Owed \$_____	Tuition Paid \$_____	CASH	CHECK #_____
_____Medical Forms Received	_____Volunteer Form	Received	