

GUARDIAN INFORMATION

Legal Guardian(s) (Female) _____ (Male) _____ FIRST/LAST

Relationship _____

Are you Catholic? YES NO If yes, what parish? _____ YES NO If yes, what parish? _____

Home Phone # _____ Internet at Home? Y N

Address _____ Cell # _____

Email Address _____

I/We agree to the following:

*The registered 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 guardians will adhere to the policies of this CCD program.

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

→Legal Guardian Signature _____ Date _____

→Legal Guardian Signature _____ Date _____

NOTICE

This form is to accompany the St. John Religious Education registration form & minor permission form. We require one registration form per family & one Archdiocese of Cincinnati Permission, Release & Medical Power of Attorney form per student.

DO NOT WRITE BELOW THIS LINE

Notes: