

***New students must present a copy of child's baptismal certificate **Please return this packet no later than July 31, 2020**

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 2020-2021 _____ 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 2020-2021 _____ 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 2020-2021 _____ 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 2020-2021 _____ 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****

<u>2020-2021 St. John the Baptist Tuition Rates Grades 1-12</u>			
\$80.00	One Student	\$240.00	Three Students
\$160.00	Two Students	\$320.00	4 or More Students

<u>OFFICE OF RELIGIOUS EDUCATION USE ONLY</u>			
Tuition Owed \$_____	Tuition Paid \$_____	CASH	CHECK #_____
_____Medical Forms Received	_____Volunteer Form	Received	