

**\*\*Please return this packet no later than July 31, 2020**

**\*\*ONE FORM PER KINDERGARTEN STUDENT\*\***

**FAMILY INFORMATION**

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

Circle One Married Divorced Separated Widowed Married Divorced Separated Widowed

Mother's Maiden Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

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

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

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

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

**STUDENT INFORMATION**

Student's Name \_\_\_\_\_ Grade in 2020-2021 **K** Date of Birth \_\_\_/\_\_\_/\_\_\_ M F

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

Allergies \_\_\_\_\_

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

**NOTICE: If you need to add more children, please complete a separate 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\*\***

**2020-2021 St. John the Baptist Tuition Rates - Grade K**

\$50.00 Per Kindergarten Student

**OFFICE OF RELIGIOUS EDUCATION USE ONLY**

Tuition Owed \$\_\_\_\_\_ Tuition Paid \$\_\_\_\_\_ CASH CHECK #\_\_\_\_\_  
\_\_\_\_\_Medical Forms Received \_\_\_\_\_Volunteer Form Received