

St. Benilde CCD Program Registration Form 2017-2018

Please print legibly.

Student's full name: _____

Student's Address: Street _____

City _____ Zip _____

Date of Birth: ____/____/____ School Grade _____ Did student celebrate Baptism? _____

Did student celebrate Reconciliation? _____ Did student celebrate Eucharist? _____

Where has student attended religious education classes previously? _____

Grades and years, if not at St. Benilde: _____

Please share all information that may be relevant to ongoing needs of the student such as health issues, food allergies, learning style, family situation, custody, etc.):

Communication should be directed to (circle one) Parents / Grandparent(s) / Mother Only / Father Only / Other
Communicate to:

Name relationship to student

Cell Phone Number to contact in emergency Email (required)

Also communicate to (if appropriate):

Name relationship to student

Cell Phone Number to contact in emergency Email (required)

If additional names with whom to communicate is requested, please write the information on the back of this sheet.

Signature of Parent/Guardian Date

Fee is \$50 per student, and accommodations can be made..

OFFICE USE ONLY: Date Paid _____ Check or cash _____ Amount _____