

St. Elizabeth/St. Mark CCD Registration Form 2021-2022

Student's Name _____ **Male** **Female**

Parent's Name **Mother's Maiden Name** _____ **Father** _____

Address _____ **City** _____ **Zip** _____

Telephone Number _____ **Cell Phone Number** _____

Email Address _____ **(Please print clearly)**

Our family is registered at _____ **parish.**

Child's Date of Birth _____ **Place of Birth** _____

Age _____ **Grade** _____ **School Name** _____

Date of Baptism _____ **Church of Baptism** _____

If new to program, please attach a copy of **Baptismal Certificate** with this registration.

Address of church where your child was baptized _____

Emergency Contact Information

Name	Relationship	Phone Number
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Does your child have any food allergies? If so, please explain. _____

In the event of an emergency, in which I cannot be contacted, emergency medical staff may take appropriate action to best serve the interest of my child. Therefore, in consideration of your acceptance of this registration, I hereby for myself, my heirs, and assignees waive any and all claims for the damages which I might have against St. Elizabeth/St. Mark Community Parish for any and all injuries suffered by my child.

Parent/Guardian Signature _____ **Date** _____

Office Use Only:

Registration Fee: 1st Child - \$20.00 2nd Child - \$15.00 3rd Child - \$10.00

Paid \$ _____ **Check #** _____ **Cash**