

**SAINT TIMOTHY PARISH RELIGIOUS EDUCATION PROGRAM  
 CCD Registration 2010-2011**

<b>STUDENT INFORMATION</b>	<p>Last Name: _____ Birth Date: _____</p> <p>First Name: _____ Place of Birth: _____</p> <p>Middle Name: _____</p> <p>Nickname: _____ School: _____</p> <p align="right">Grade (September 2010): _____</p> <p>Has this child received prior religious instruction? Yes / No</p> <p align="center">If yes, When: _____</p> <p align="center">Where: _____</p>								
<b>FAMILY INFORMATION</b> <i>Where the child resides</i>	<table border="0"> <tr> <td><b>Head of Household</b></td> <td><b>Spouse</b></td> </tr> <tr> <td>Last Name: _____</td> <td>Last Name: _____</td> </tr> <tr> <td>First Name: _____</td> <td>First Name: _____</td> </tr> <tr> <td>Religion: _____</td> <td>Religion: _____</td> </tr> </table> <p>Is your family registered in Saint Timothy Parish? Yes / No</p> <p><b>Marital Status (please circle all that apply):</b></p> <p align="center">Married / Single Parent / Divorced / Separated / Remarried</p> <p><i>If married, was marriage performed in the Catholic Church? Yes / No</i></p> <p><i>If marriage was outside of the Catholic Church, would you like information on how to validate your marriage in the Church? Yes / No</i></p>	<b>Head of Household</b>	<b>Spouse</b>	Last Name: _____	Last Name: _____	First Name: _____	First Name: _____	Religion: _____	Religion: _____
<b>Head of Household</b>	<b>Spouse</b>								
Last Name: _____	Last Name: _____								
First Name: _____	First Name: _____								
Religion: _____	Religion: _____								
<b>CONTACT INFORMATION</b>	<p>Mailing Address: _____</p> <p>City/State: _____ Zip: _____</p> <p><b>Telephone Numbers</b></p> <p>Home: _____</p> <p>Father Work: _____ Mother Work: _____</p> <p>Father Cell: _____ Mother Cell: _____</p> <p>E-mail: _____</p> <p>Would you like to receive program communiqués via e-mail rather than postal mailings? Yes / No</p>								

**STUDENT'S SACRAMENTAL INFORMATION**  
*NEW registrations MUST submit a copy of the child's Baptismal certificate.*

Name of Student's Birth Father: \_\_\_\_\_

Name of Student's Birth Mother: \_\_\_\_\_

Birth Mother's Maiden Name: \_\_\_\_\_

**Student's Baptism**                      Date: \_\_\_\_\_  
    Church Name: \_\_\_\_\_  
    Church Address: \_\_\_\_\_  
    City & State: \_\_\_\_\_

**Student's Penance**                      Date: \_\_\_\_\_  
    Church Name: \_\_\_\_\_  
    Church Address: \_\_\_\_\_  
    City & State: \_\_\_\_\_

**Student's Eucharist**                      Date: \_\_\_\_\_  
    Church Name: \_\_\_\_\_  
    Church Address: \_\_\_\_\_  
    City & State: \_\_\_\_\_

**Student's Confirmation**                      Date: \_\_\_\_\_  
    Church Name: \_\_\_\_\_  
    Church Address: \_\_\_\_\_  
    City & State: \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Home / Office / Cell / Other

Alt Phone: \_\_\_\_\_ Home / Office / Cell / Other

**STUDENT MEDICAL HISTORY**

Please note any allergies, physical and learning disabilities, or other information pertinent to the child's health and well-being: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any medications (prescriptions, inhalers, etc.) that your child takes on a regular basis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Office Use Only**

Date of Registration: \_\_\_\_\_ Baptismal Certificate on File: Yes / No

Tuition Due: \_\_\_\_\_ New Family: Yes / No

Tuition Paid: \_\_\_\_\_ Verification of parish registration: Yes / No

Method of Payment: \_\_\_\_\_ Level: \_\_\_\_\_ Room: \_\_\_\_\_

Check No.: \_\_\_\_\_