

FAITH FORMATION (CCD) Registration 2024-2025

Family Information

Family Last Name			
Mother Name		Father Name	
Street Address			
City, Zip Code			
Phone Numbers			
Email Address			
Emergency Contacts (Name/Relationship/Phone #)			
Name of Home Parish			
We will use Flocknote to communicate. Do you Prefer <input type="checkbox"/> TEXT or <input type="checkbox"/> E-Mail (circle one)			

Children Registration \$50—one child \$90—two children \$120—three or more children

Child # 1			
Last Name	First Name		
Date of Birth	2024 / 2025 Grade:	M or F	
Registering For:	<input type="checkbox"/> Family Program	<input type="checkbox"/> EDGE	
Please tell us about any needs/allergies/medications:			
Child # 2			
Last Name	First Name		
Date of Birth	2024 / 2025 Grade:	M or F	
Registering For:	<input type="checkbox"/> Family Program	<input type="checkbox"/> EDGE	
Please tell us about any needs/allergies/medications:			
Child # 3			
Last Name	First Name		
Date of Birth	2024 / 2025 Grade:	M or F	
Registering For:	<input type="checkbox"/> Family Program	<input type="checkbox"/> EDGE	
Please tell us about any needs/allergies/medications:			

Multimedia Waiver

If you give permission to the Faith Formation (CCD) program to take and/or use photographs, videos, voice recordings, and quotations from sessions for the purpose of promoting activities and programs, initial here: _____