



Registration Form - Holy Family Parish CCD

Student's Last Name First Name DOB

Rel Ed Grade Level School Grade

Address City State Phone Number

Mother's Full Name Address, if Different City State Phone Number

Father's Full Name Address, if Different City State Phone Number

Is Family Registered Parishoner's of Holy Family? Yes No

If not members of Holy Family Parish, do you belong to a different Parish? Name of Parish:

If no other Parish, do you wish to join Holy Family? Yes No

IN THE EVENT OF AN EMERGENCY AND PARENT IS UNAVAILABLE, WHOM DO WE CONTACT?

Emergency Contact Address City State Phone Number

SACREMENTS STUDENT HAS RECEIVED (TRY TO GIVE AT LEAST MONTH AND YEAR)*

Baptism Church City State Date

First Communion Church City State Date

* If this is a sacramental preparation year(First Communion/Confirmation) please provide documentation of your child's sacraments, unless they are recorded at Holy Family.

Other Information about your child (allergies, medications, visual/hearing impairments, illness, sensitivities?)

Registration fee paid: Yes No Check # Cash

Received by _____