

Please complete all the information on the form for each child. It must be on file.

Nativity B.V.M.

C.C.D. Registration Form

Student's Name: _____

Grade: _____ School: _____

Address: _____

DOB: _____ Phone Number: _____

Father's Name: _____

Religion: _____

Mother's Name (and maiden): _____

Religion: _____

Parents are: Married _____ Separated _____ Divorced _____

Who has custody of the student? _____

Emergency Contact: _____ Phone: _____

Sacrament information:

Sacrament yes or no date Parish

Baptism _____

Reconciliation _____

1st Communion _____

Mass for bringing up the gifts: 5 PM ----- 7 AM ----- 9 AM ----- 11 AM -----

Does your child have any special needs we should be aware of?

Allergies? _____

Is your family registered at Nativity? Yes _____ No _____

E-Mail Address _____