ST. CHARLES BORROMEO
2018-2019 CCD REGISTRATION
(PREVIOUSLY REGISTERED CCD STUDENTS)

STUDENT'S NAME _____
FIRST MIDDLE LAST

STUDENT'S BIRTHDAY _____

GRADE _____ **(AS OF AUG., 2018)** SCHOOL ATTENDING _____

FATHER'S NAME _____
FIRST MIDDLE LAST

MOTHER'S NAME _____
FIRST MAIDEN LAST

OR GUARDIAN'S NAME _____
FIRST MIDDLE LAST

ADDRESS (MAILING) _____

(RESIDENT) _____

(CITY) _____ STATE _____ ZIP _____

PHONE NUMBER _____ CELL _____

E-MAIL ADDRESS _____

++

- ***EMERGENCY NAMES IF PARENT CANNOT BE CONTACTED:***

NAME _____ PHONE _____

NAME _____ PHONE _____

++

(TO BE FILLED IN BY OFFICE PERSONNEL)

REGISTRATION FEE _____ CHECK NO. _____ CASH _____ DATE PAID _____

COMMENTS _____

- ***IF THERE IS A FINANCIAL PROBLEM, PLEASE SPEAK WITH FR. CARL.***