Family ID _____

CCE FAMILY REGISTRATION FORM
2016-2017

PLEASE PRINT CLEARLY

Father/Guardian _____
First Middle Last

Living ____ Deceased _____ Marital Status: Married ____ Separated ____ Divorced ____

Address_____**City** _____**State** _____**Zip**_____

Telephone (h)_____ **(c)**_____ **(w)**_____

Email _____ _____

Religion _____ **Registered member of St. Louis Catholic Church? Yes**_____**No**_____

If no, please list name of Parish you are a member of _____

Mother/Guardian _____
First Middle Last (maiden)

Living ____ Deceased _____ Marital Status: Married _____Separated _____Divorced _____

Address_____**City** _____ **State** _____ **Zip** _____
(List if different than above)

Telephone (h)_____ **(c)**_____ **(w)**_____

Email _____ **Email**_____

Religion_____**Registered member of St. Louis Catholic Church? Yes** _____ **No**_____

If no, please list name of Parish you are a member of _____

Child live with: Both Parents _____**Father**_____**Mother** _____**Father & Stepmother**_____**Mother &Stepfather**_____

Other (Specify)_____

List child (ren) who will be attending CCE in 2016/2017:

Child Name_____ ***Grade***_____
Child Name_____ ***Grade***_____
Child Name_____ ***Grade***_____
Child Name_____ ***Grade***_____
Child Name_____ ***Grade***_____
Child Name_____ ***Grade***_____

***Please be sure you have listed all phone numbers where you can be reached, in case of an emergency.**

_____ _____ _____

Please list the name(s) of those who have your permission to pick up your child (ren) from CCE class. Other than the parent/guardian.

Name _____***Relation to the child*** _____***phone***_____
Name _____***Relation to the child*** _____***phone***_____
Name _____***Relation to the child*** _____***phone***_____