San Juan Bautista Religious Education Office 425 South Duke Street Lancaster, PA 17602 (717) 392-4118 ext. 303 2021 - 2022

1 Student: \$20.00 2 students: \$40.00

3 or more students: \$50.00

OFFICE USE ONLY	ID:
Fee: \$20.00 Cash	Check #
Name	
Session	

## APPLICATION FOR CCD CLASSES

FAMILY NAME:ADDRESS:					APT :	#		
	APT # ZIP							
			EH CELL PHONE:					
EMAIL								
	TION			, marca				110
FATHER'S INFORMA					WITH CHILD  NE:			
NAME: DATE OF BIRTH:					E OF BIRTH:_			
EMPLOYER:					K PHONE:			
RELIGION:					KTHONE.			
ATTENDS MASS:		NO			IZED:	YES	NO	
FIRST COMMUNION:	YES	NO	)	CONF	IRMATION:	YES	NO	
MARITAL STATUS:								ΞR
MOTHER'S INFORM	ATION			LIVES	S WITH CHILD	);	YES	NO
NAME:				_ PHON	NE:			
DATE OF BIRTH:				PLAC	E OF BIRTH:			
EMPLOYER:				_ WOR	K PHONE:			
RELIGION:				_				
ATTENDS MASS:	YES	NC	)	BAPT	IZED:	YES	NO	
FIRST COMMUNION:	YES	NC	)	CONF	FIRMATION:	YES	NO	
MARITAL STATUS:	SINGLE	CHURCH	CIVIL	SEPARATED	DIVORCED	LIVI	NG TOGETH	ER
STEPPARENT/GUAR NAME:					S WITH CHILD NE:		YES	NO
DATE OF BIRTH:					E OF BIRTH:			
EMPLOYER:					K PHONE:			
RELIGION:								
ATTENDS MASS:					IZED:	YES	NO	
FIRST COMMUNION:	YES	NC	)	CONF	FIRMATION:		NO	
MARITAL STATUS:								ER

CHILD'S NAME:	SEX:MF
BIRTH FATHER:	LIVES WITH CHILD: YES NO
BIRTH MOTHER (MAIDEN NAME):	LIVES WITH CHILD: YES NO
SCHOOL:	GRADE:(2021 -2022)
DOES YOUR CHILD HAVE ANY SPECIAL NEEDS/ AN IEP?	YES NO
DID YOUR CHILD ATTEND CCD LAST YEAR?:	YES NO
DATE OF BIRTH:	PLACE OF BIRTH:
RELIGION:	
BAPTIZED: YES NO	DATE:
NAME OF CHURCH:	CITY/STATE:
***COPY BAPTISMAL CERTIFICATE MUST	BE BROUGHT TO OFFICE***
FIRST COMMUNION: YES NO	CONFIRMATION: YES NO
campaigns, promotional publications, media coverage, or other pu activities, or events.	rposes while involved in the CCD Program,
RELIGIOUS EDUCATION ATT	ENDANCE POLICY
Regular attendance of all students is mandatory and require teachers and staff must be matched by the commitment of parents student and the class as a whole.	
When a child is absent, a signed excuse note must be sent to extended absences, you will be contacted by your child's teacher to classes without a valid excuse, he/she may be dropped from the present the classes without a valid excuse, he/she may be dropped from the present the classes without a valid excuse, he/she may be dropped from the present the classes without a valid excuse.	o discuss the situation. If a child misses three
I have read and understood the policy for the San Juan Bautista CO	CD Program.
Signature of Parent/Legal Guardian	Date



## San Juan Bautista Catholic Church CCD: 2021—2022

## **EMERGENCY CARE CARD**

Child's Name		Date of Birth		
		Phone Number		
Child's allowsing on other modical				
Hospital of Preference	concerns			
Health Insurance Coverage		Policy Number		
	PERSONS TO CALL	IN CASE OF EMERGENCY		
	(Othe	er than parents)		
1. Name		Relationship		
Address	City	Phone Number		
2. Name		Relationship		
Address	City	Phone Number		
	PERSONS TO WHOM T	FHE CHILD MAY BE RELEASE  f & adult must present photo ID)		
1. Name				
Address				
2. Name		Relationship		
Address	City	Phone Number		
<u>PE</u>	RSONS NOT AUTHORIZE	D TO HAVE CONTACT WITH CHILD		
	(If a parent, legal do	cumentation must be on file.)		
Name		Relationship to Child		
Name		Relationship to Child		
Name		Relationship to Child		