

Registration for Additional Children Systematic Catechesis 2017/18

Student #__ Information:				
Last Name: _____		First Name: _____		
Date of Birth: _____		<input type="checkbox"/> Male <input type="checkbox"/> Female		
Accommodations needed?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Please list: _____		
Registering for CCE/RE grade: _____		SACRAMENTS RECEIVED TO DATE (please check):		
Allergies: _____		Baptism	Penance	1 st Communion
Baptismal Certificate(s) on file? <input type="checkbox"/> Yes <input type="checkbox"/> No				Confirmation
Student #__ Information:				
Last Name: _____		First Name: _____		
Date of Birth: _____		<input type="checkbox"/> Male <input type="checkbox"/> Female		
Accommodations needed?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Please list: _____		
Registering for CCE/RE grade: _____		SACRAMENTS RECEIVED TO DATE (please check):		
Allergies: _____		Baptism	Penance	1 st Communion
Baptismal Certificate(s) on file? <input type="checkbox"/> Yes <input type="checkbox"/> No				Confirmation
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Baptismal Certificate(s) on file? <input type="checkbox"/> Yes <input type="checkbox"/> No				Confirmation