



NATIVITY SCHOOL OF RELIGION REGISTRATION FORM

Questions? Call 650-853-1009 or email mon.hickam@gmail.com

2016 – 2017 School Year ****Are you a registered parishioner? ___ Yes ___ No**

For Office use only
DATE APPL
RECEIVED:

TUITION PAID:
\$ _____

Please Print LEGIBLY and use a SEPARATE FORM for each student!

Student's Name _____ Boy Girl

School _____ Grade In School _____ Date of Birth _____

Address: _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Parent E Mail Address _____

Parent or Guardian #1 _____ Religion _____ Occupation _____

Parent or Guardian #2 _____ Religion _____ Occupation _____

Marital Status: ___ Married ___ Divorced ___ Widowed ___ Single ___ Remarried

Child lives with: ___ Mother&Father ___ Mother ___ Father ___ Other(_____)

In case of emergency and you can't be reached: (person must be available during class time)

Emergency Contact Name _____ Emergency Phone # _____

Medical/Learning Difficulties Notes: _____

NEW STUDENTS ONLY:

Has your child attended CCD Classes before? _____ Where? _____

Sacraments Received (new students):

	Date	Parish (Church)	Location
Baptism	_____	_____	_____
Reconciliation <i>(Confession)</i>	_____	_____	_____
Eucharist <i>(Holy Communion)</i>	_____	_____	_____
Confirmation	_____	_____	_____

If you are new to Nativity, please provide us with a copy of the certificates of the Sacraments your child has received to date.

For Office Use Only:	Posted To Student Rosters _____
2 Years CCD? Yes ___ No ___.	Misc. Notes: _____
Class Placement _____.	_____
Eligible for First Eucharist This Year - _____.	_____
Eligible for Confirmation This Year - _____.	_____
Sacrament Certificates on File: Baptism _____.	_____

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