



# NATIVITY SCHOOL OF RELIGION REGISTRATION FORM

Questions? Call 650-853-1009 or email [mon.hickam@gmail.com](mailto:mon.hickam@gmail.com)

2017 – 2018 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
<b>Baptism</b>	_____	_____	_____
<b>Reconciliation</b> <i>(Confession)</i>	_____	_____	_____
<b>Eucharist</b> <i>(Holy Communion)</i>	_____	_____	_____
<b>Confirmation</b>	_____	_____	_____

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

<b>For Office Use Only:</b>	<b>Posted To Student Rosters</b> _____
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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