

Saints Aedan and Brendan Parish
2017-18 Religious Education Enrollment Form

All Students Must Fill Out This Section - All Information is Required

Date:		Academic Year:	
Student Name:		Date of Birth:	Male Female
Address	City:	State/Zip:	
Student cell:	Student email:		
Family Home Phone	School Attending and grade in the coming Fall:		
Allergies and Other Medical Alerts:			
Father's Name	Father's Cell:	Father's Email:	
Mother's Name	Mother's Cell:	Mother's Email:	
Please Provide any family information or other issues we should be aware of:			
Emergency Contact: (other than parents)		Address:	
Phone:	Other Phone:	Relationship:	

Returning Students please go to and fill out reverse side
New Students Must Fill Out Below - All Information is Required

Sacraments: If this is your first registration, Please provide certificates if received outside of our parish.	Date of Baptism: (Please provide certificate if outside of our Parishes)	Church/Address:
	Date and Place of First Communion:	Date and Place of Reconciliation:
	Office use only: Baptism Certificate: _____	Communion Certificate: _____

FAMILY INFORMATION:

Father's Name	Sibling's Name	Grade
Father's Name as it appears on Birth Certificate:	Father's Religion:	Sibling's Name
Father's Email:	Father's Cell:	Sibling's Name
Mother's Name	Sibling's Name	Grade
Mother's Name as it appears on Birth Certificate:	Mother's Religion:	Sibling's Name
Mother's Email:	Mother's Cell:	Sibling's Name
Parents' Marital Status: Married Separated Divorced Single	Sibling's Name	Grade

If Married: Church/City/State/Date of Marriage:

Please Provide any family information or other issues we should be aware of:

Emergency Contact: (other than parents)		Address:	
Phone:	Other Phone:	Relationship:	

All Student - please go to and fill out reverse side

ALLERGY/MEDICAL EMERGENCY PERMISSION

List any allergies/medical issues or special needs accommodations:

Child uses an EPI-PEN (Circle) Y / N Child carries the EPI-PEN on them (Circle) Y / N

Please be advised that our CCD teachers are volunteers and are not able to administer EPI-PENS or any other medications.

I give permission for my child's teacher to call 911 for emergency treatment while attending CCD if I cannot be contacted.

Preferred Hospital: _____

_____ Date _____

Parent's signature

MEDIA PERMISSION

There may be an occasion where photographs/videos are taken of the children, classes and activities during a Religious Education program. This media may be submitted to local newspapers, other media outlets for publication or posted in the church facility, brochure, church bulletin or church website. Please indicate your preference below by signing one of the statements.

I give permission to have pictures/videos taken of my child/children.

I do not give permission to have pictures/videos taken of my child/children.

_____ Date _____

Parent's signature

CHILD LURES PREVENTION PROGRAM GRADES 1-10: The "Child Lures Prevention Program, Think First & Stay Safe" (also known as "LURES"), has been implemented as the personal safety training for children in the Archdiocese of Hartford since 2005. Every year we are required to present this program to all students attending the Religious Education Program. Please indicate your preference below by signing one of the statements.

I give permission for my child/children to attend The Child Lures Program.

I wish to opt out of the Child Lures Program for my child/children.

_____ Date _____

Parent's Signature

<input type="checkbox"/> PAYMENT ENCLOSED <input type="checkbox"/> OR PAY BY CREDIT CARD THROUGH ONLINE GIVING: WWW.OSVONLINEGIVING.COM/89

The enclosed payment includes:

First Child -	\$30.00
Each additional Child -	\$15.00 x _____
Less Early Submission 33% Discount <i>before July 1-</i>	_____ (\$20 for 1st Child, \$10/each additional child)
<u>Plus 10% Late Fee: Registration Submitted after Aug. 1-</u>	\$10.00
Confirmation Retreat Fee -	\$20.00
Total Amount Enclosed: _____	

FINANCIAL AID/PAYMENT PLAN

_____ We are unable to make payment at this time, please contact me regarding financial aid or a payment arrangement.

Contact Name: _____ Phone No. _____

Please mail form and payment to:
Saints Aedan & Brendan Parish
Office of Religious Education
P.O. Box 3056
New Haven, CT 06515

OFFICE USE ONLY:
Reconciliation/Eucharist: _____
Confirmation I: _____
Confirmation II: _____

OFFICE USE ONLY:
Paid: _____
PDMS: _____