

ST. GABRIEL OSC REGISTRATION 2017-2018

Family Information

Family Last Name _____

Email Address _____

Street Address _____

City, State and Zip _____

Home Phone Number _____

Mother's Name _____

Mother's Maiden Name _____

Mother's Religion _____

Mother's Cell Phone Number _____

Father's Name _____

Father's Religion _____

Father's Cell Phone Number _____

Other Contact Name _____

Other Contact Cell Phone Number _____

Parish Where Family is Registered _____ St. Gabriel _____

Are you a new _____ or a returning _____ family to the CCD Program

CCD Student Information 2017-2018

FIRST, MIDDLE & LAST NAME _____

NICKNAME _____

BIRTH DATE ____ / ____ / ____ CITY _____

GENDER Male / Female

GRADE LEVEL FOR 2017-2018 ____ SCHOOL ATTENDING _____

HAS THIS CHILD BEEN ENROLLED AT ST. GABRIEL'S PREVIOUSLY? YES / NO

INDICATE YOUR PREFERENCE:

- ____ MONDAY EVENINGS 6:30-7:45
- ____ NEW FAMILY CATECHESIS - EVERY OTHER SATURDAY MORNING 9:00-10:00
- ____ HOMESCHOOL (NOT AVAILABLE TO 2ND GRADE)

DOES YOUR CHILD HAVE ACADEMIC NEEDS? _____

ALLERGIES OR MEDICAL ISSUES OF WHICH WE SHOULD BE AWARE _____

COMMENTS AND ADDITIONAL INFORMATION SO THAT WE MAY BEST MEET THE NEEDS OF YOUR CHILD _____

____ INDICATE IF YOU WOULD LIKE TO HAVE A SUMMER CONFERENCE

PLACE OF CATHOLIC BAPTISM _____

DATE OF BAPTISM ____ / ____ / ____

PLACE OF NON-CATHOLIC BAPTISM DATE OF BAPTISM ____ / ____ / ____

If not baptized at St. Gabriel Church, a copy of a baptism certificate must accompany registration.

PLEASE USE ANOTHER FORM FOR ADDITIONAL CHILDREN

SUGGESTED DONATION FOR MATERIALS

1 CHILD - \$35

2 CHILDREN OR MORE CHILDREN - \$60

Check # _____