St. Helen CATHOLIC CHURCH

ST. HELEN RELIGIOUS EDUCATION
CCD REGISTRATION

Student Name: _____ DOB___/___/___

Student's School: _____

Address:_____

_____

Mother's Name: _____ Maiden: _____

Religion: _____ Marital Status: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Place of Employment: _____

Father's Name: _____

Religion: _____ Marital Status: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Place of Employment: _____

Registered Parishioner of St. Helen? YES NO If YES, Parish ID number: _____

If you do not know your parish ID, call 772-567-5129

SACRAMENTS

BAPTISM
Date:_____ Church:_____ Address: _____

HOLY EUCHARIST:
Date:_____ Church:_____ Address: _____

CONFIRMATION:
Date:_____ Church:_____ Address: _____

St. Helen Catholic Church / Religious Education Office
2005 Tallahassee Ave. Vero Beach, Fl. 32960
P: (772) 562-5954 / E: pfies@sthelenvero.org

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Person(s) Authorized to Pick Up My Child

This information MUST be filled out by a parent or guardian

The following person(s) have my permission to drop off and / or pick up my child while attending St. Helen CCD program:

1. _____ Phone: _____

2. _____ Phone: _____

While your child is under our care it is important to have the following information.
Who should we contact in case of emergency:

1. _____ Phone: _____

2. _____ Phone: _____

Medical Information

Are there any allergies, medications, conditions or special needs your child requires that you would like us to be aware of? YES NO

If yes, please explain:

_____

_____

_____

_____

If we are unable to contact you or the person(s) you designated as emergency contacts, do you give us permission to provide appropriate medical action should your child require it while attending CCD classes?

YES NO

If YES, which hospital would you prefer your child to be taken to?

_____ Cleveland Clinic (Indian River)

_____ Sebastian Medical Center

Please note that the parents will be called FIRST in the event of an emergency.

Name of Doctor: _____ Phone: _____

Parent / Guardian Signature: _____

Date

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St. Helen CATHOLIC CHURCH

CCD GRADE LEVEL

GRADE	YEAR	PAID
CIC		
K		
1ST		
2ND		
3RD		
4TH		
5TH		
6TH		
7TH		

REMARKS:

_____

_____

_____

_____

_____

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