**Official Use Only**

Discount: 3 Siblings or More

Name & Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Official Use Only**

Paid Date: \_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_ Receipt #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash: \_\_\_\_\_\_\_\_\_\_\_\_\_CK#\_\_\_\_\_\_\_\_\_\_\_ Collected by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Immaculate Conception Church, Ewa**

**C.C.D. Religious Education**

91-1298 Renton Road

Ewa, Hi 96706

Phone: (808) 681-3701 / Fax: (808) 681-3117

**Registration Year: 2019 - 2020**

Email Address: ewaccd@gmail.com

**Official Use Only**

Registered by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Copies Received: Birth Cert \_\_\_\_\_\_\_ Baptism \_\_\_\_\_\_\_\_\_ FHC \_\_\_\_\_\_

Sac. Rec: Bapt \_\_\_\_\_\_ FHC \_\_\_\_\_\_ Conf \_\_\_\_\_\_ Full Com \_\_\_\_\_\_\_ **[**C.C.D. \_\_\_\_\_\_ (Sacramental – Already Rec. Bap & FHC)**]** R.C.I.A \_\_\_\_\_\_\_

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Rm#:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Information:**

Returning Student:  No  Yes **If Yes:** Last School Yr. Registered:      Class Type:

Last Name:       First Name:       Middle Name:       Nick Name:

Birth Date: (Mo/Day/Yr) :       Age:     M or F:  Name of School Attending:       Grade:  **2017 – 2018** Home Phone:     -     -      Cell #:     -     -

Address:       City:       Zip Code:

Living Address – (Street Number, Name and Apartment #)

Address:       City:       Zip Code:

Mailing Address – (Street Number, Name and Apartment #)

Living with Parent  Guardian  Other (Explain):

**Emergency** (**Other Than** Parent or Guardian): Name:       Phone:     -     -      Relation:

**Emergency** (**Other Than** Parent or Guardian): Name:       Phone:     -     -      Relation: \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Parent or Guardian Information**

**Mother** or Female Guardian Information/Other: Explain:

Catholic: Yes  No  **If No,**

Last Name:       First Name:       Middle Name:       Maiden Name:

Home Phone:     -     -      Cell #:     -     -      Work:     -     -

Are you the Primary or Secondary Contact:  Email Address:

**Father** or Male Guardian Information/Other: Explain:

Catholic: Yes  No  **If No,**

Last Name:       First Name:       Middle Name:       Maiden Name:

Home Phone:     -     -      Cell #:     -     -      Work:     -     -

Are you the Primary or Secondary Contact: Email Address:

I,       undersign below as Parent or Guardian listed of the Student Registered Above.

(First and Last Name of Parent or Guardian Listed Above)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:(Month/Day/Year)

**Important Please Fill-Out Completely**

All Sacrament Documentation Received, are Mailed to the Catholic Church **where** the Student **Received Baptism.**

Though you may have an **original copy**, a **current** copy of **“this Year”** **Re-issued** *Vaild or Recognized* Baptismal & First Holy Communion Certificate.

* **Baptized?**  Was it a Catholic Baptism?  *If NO, What Denomination:*

Name of Church:       Date:(Month/Day/Year)       Phone:     -     -

Address:       City:       Zip Code:

* **Did you Provide a Copy of Baptism:**  **(OFFICE WILL CHECK RECORDS)**
* **First Holy Communion?** Yes  No

Was it a Cathoic Ceremony? Yes  No  **If No,**

Name of Church:       Date:(Month/Day/Year)       Phone:     -     -

Address:       City:       Zip Code:

* **Did you Provide a Copy of FHC: (OFFICE WILL CHECK RECORDS)**

**Official Use Only**

Checked by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Valid: (Circle One): **YES** or **NO**

If **No** Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **If Copy is Received, Check Official Box on Front Page**

**Release Authorization:**

The following individuals have my permission to pick up my child

Name:       Relationship:  Phone:     -     -

Name:       Relationship: Phone:     -     -

**Release Authorization for ages 7 and above:**

This child has my permission to walk or ride his or her bicycle to and from CCD class. I, therefore, waive all responsibility to Immaculate Conception Church and it’s teachers and staff in this particular area.

Name:       Relationship:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_