

*St. Brigid CCD*  
 100 Mayflower Street  
 Elmwood, CT 06110  
 Registration Form



For grades Kindergarten through grade 10 the registration fee is \$50.00 per child with a cap of \$120.00 for 3 or more children. All registrations must be received in our office by August 15, 2011. Please complete this form including your email address so that we can update our files. Please mail the form to the above address along with your check payable St. Brigid Church. For grades 4 through 8 please check off whether you would like your child to attend classes on Wednesday evening or Saturday morning.

**By filling out this Registration form you are giving us permission to take class pictures of your child to post on our CCD web site, in the Church vestibule or local papers unless you contact us.**

Visit our website for forms, calendars and more at [www.stbrigidccd.com](http://www.stbrigidccd.com)

Parent / Guardian Information

**Father's Information**

<b>Name:</b> (First Name & Last Name)	<b>Phone Number:</b> ( )
<b>Address:</b> (Number & Street, City & Zip Code)	<b>Cell Phone Number:</b> ( )

**E-mail Address:**

**Mother's Information**

<b>Name:</b> (First Name, Last Name & Maiden Name)	<b>Phone Number:</b> ( )
<b>Address:</b> (Number & Street, City & Zip Code)	<b>Cell Phone Number:</b> ( )

**E-Mail Address:**

**If your child is new to our program, if possible please attach a copy of his or her Baptismal Certificate.**

Student Information

<b>Child's Name:</b>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (relationship) _____		

Grade:	Name of the school your child attends:
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Grades 4 through 8 check which day you prefer class:  Saturday  Wednesday

<b>Child's Name:</b>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (relationship) _____		

Grade:	Name of the school your child attends:
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Grades 4 through 8 check which day you prefer class:  Saturday  Wednesday

<b>Child's Name:</b>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (relationship) _____		

Grade:	Name of the school your child attends:
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Grade 4 through 8 check which day you prefer class:  Saturday  Wednesday

**Please list any health problems, medications or special needs your child has \ YfYcf on the reverse side of form"**