

2004-2005 CCD REGISTRATION FORM

Please return this form by April 30, 2004 to Office of Religious Education, 40 Rumson Rd, Rumson, NJ 07760. The fee is \$50 per child. Please enclose your check made payable to Holy Cross CCD.

Student's Name _____ Sex M F

Parents' Name _____

Mailing Address _____

E-Mail Address _____

Telephone _____ Emergency Phone _____

Grade for 2004-2005 school year _____ School _____

Session Desired _____ Session 1 9:15 to 10:15
Session 2 10:45 to 11:45

Does your child have a learning disability or food allergy of which we should be aware?
_____ If so, please describe on the back of this form.

If this is your child's first year at Holy Cross CCD please enclose a copy of his or her baptismal certificate. If your child was baptized at Holy Cross, it is not necessary to submit the certificate, but please indicate the approximate date. _____

Please check below if either parent would like to volunteer to help with the following positions:

____ CCD Teacher – Name _____ Grade _____
Session _____

____ Substitute Teacher – Name _____ Session _____

____ Aide (In addition to adult aides, we are also looking for 8th grade or high school students who are interested in helping out in a classroom every week.)

Name _____

Session _____ Grade _____
