



St. Lawrence Catholic Church

5225 N. Himes Ave., Tampa, FL 33614-6623

Youth Faith Formation (CCD)

2010-2011 School Year

Date Received _____

Receipt # _____

Class Assigned: _____

Amount Paid _____

STUDENT INFORMATION

Student's Name _____
(First name) (Middle name) (Last name)

Street _____ Home Phone # (_____) _____ - _____

City _____ State _____ Zip _____ Mom's Cell Phone # (_____) _____ - _____

Date of Birth ____/____/____ Place of Birth _____ Male/Female (Circle one) Age _____

School Now Attending _____ Grade _____

Parent's Email Address: _____

Did the student attend St. Lawrence Youth Faith Formation (CCD) last year? ____ Yes ____ No If yes, what grade / class _____

If the student did not attend St. Lawrence Youth Faith Formation (CCD) last year, has the student previously received religious education in a Youth Faith Formation (CCD) program, Catholic school, or registered home school program? ____ Yes ____ No

If yes, when and where? _____

SACRAMENTS RECEIVED BY THE STUDENT

Baptism: _____
(Date) (Church) (City) (State)

First Communion: _____
(Date) (Church) (City) (State)

Do you expect the student to receive a sacrament this year? ____ Yes ____ No

If yes, please specify which sacrament(s): _____

NOTE: If yes, please attach a copy of the Sacramental Certificates already received from any other parish.

PARENT INFORMATION

Father's Full Name _____

Mother's Full Name _____ Maiden Name _____

Parent's Marital Status (please circle one): Married, Separated, Divorced, Remarried, Single

Child lives with (please circle one): Both parents, Father, Mother, Guardian

If child lives with a Guardian,
Guardian's Name _____ Religion _____

Are you a member of St. Lawrence Parish: ____ Yes ____ No If yes, Parish Envelope Number _____

If registered in another Parish, what is the name of the Parish? _____, Envelope Number _____

NOTE: If you are not registered with a parish, please complete a parish census registration form available at the office or online @ www.stlawrence.org.

FOOD ALLERGIES

On occasion, the Youth Faith Formation (CCD) program and / or an individual Youth Faith Formation (CCD) teacher may provide snacks for your child.

Please list any foods that we may NOT give to your child _____

(over – please fill out other side)

OPTIONAL PERMISSION FOR PHOTOGRAPHS

Photographs for CCD and parish Use:

Please circle your response.

- YES I give St. Lawrence Catholic Church permission to use audio / visuals and photographs taken of my child during the Youth Faith Formation (CCD) program for the purposes of *activities within the child's Youth Faith Formation (CCD) program* (e.g. crafts, art projects, etc.) and promotion of the Youth Faith Formation (CCD) program *within* the Parish.
- NO

Parent's Signature

Photographs for use Outside the Parish:

Please circle your response.

- YES From time to time, publicity releases for newspapers, television, and other media may be prepared about events occurring at the Parish. These may or may not be accompanied by photos or videotape of students. St Lawrence Parish or a media representative may prepare the releases.
- NO

I give permission for my child's name and likeness to be included in such publicity releases.

Parent's Signature

REGISTRATION FEE

**\$50 for the first child
\$35 for each sibling thereafter**

Please make your check payable to "St. Lawrence Catholic Church" please put "CCD" in the memo section, and include it with your registration form.

Youth Faith Formation (CCD) Scholarships are available for the children of parents who teach or assist in the Youth Faith Formation (CCD) program. For more information, contact the Director of Religious Education.

I am interested in volunteering my assistance in the Youth Faith Formation (CCD) Program as a

_____Teacher, _____Teacher's Assistant. I can be reached best at:

_____ on _____ at _____am/pm. (circle one)
(phone number) (day of week) (time of day)

COMMENTS

Please include in this box any other information you would like to share with us about your child that you believe may be important for us to know:

I have double checked that all blanks are completed and all information is correct.

Signature of Parent / Guardian:

Date:_____