

HOLY NAME OF JESUS ROMAN CATHOLIC CHURCH
SCHOOL OF RELIGION



REGISTRATION FORM

Date: _____

Child's History: _____

Student's Name: _____ Nick Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Email: _____

Home Phone: _____ Cell: _____

Primary language spoken at home: _____ Entering CCD Grade: _____

Place of Birth: _____ Male/Female: _____

Public School Attending: _____ School Grade: _____

Has your Child previously attended CCD (Yes/No)? _____ Where? _____

What Parish are you affiliated with? _____ Are you registered (Yes/No)? _____

Would your child/children be interested in becoming an Altar Server at Holy Name (Must have completed Baptism and Communion. School grade 4 and above - Yes/No)?

Sacramental History: _____

Baptism Date: _____ Parish: _____

First Holy Communion Date: _____ Parish: _____

Mailing Address (Who information can be addressed to): _____

Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

HOLY NAME OF JESUS ROMAN CATHOLIC CHURCH
245 PROSPECT PARK WEST, BROOKLYN, NEW YORK 11215

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Family History:

Father's Name: _____ **Religion:** _____

Date of Birth: _____ **Email:** _____

Occupation: _____ **Work Phone:** _____

Home Phone: _____ **Cell:** _____

Mother's Name: _____ **Religion:** _____

Date of Birth: _____ **Email:** _____

Occupation: _____ **Work Phone:** _____

Home Phone: _____ **Cell:** _____

Sibling's Name: _____ **Religion:** _____ **Age:** _____

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Sibling's Name: _____ **Religion:** _____ **Age:** _____

Important Information:

In case of emergency, other than parents, please notify: _____

Name: _____ **Relationship to Child:** _____

Home Phone: _____ **Email:** _____

Cell: _____ **Work Phone:** _____

Does your child have an IEP (Yes/No)? _____ **If yes, what are the recommended accommodations?**

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Health Concerns:

Medication(s) being taken:

Allergies:

Special Instructions:

If none of the above can be contacted, what instructions do you give the Holy Name School of Religion in the event your child is sick or has been injured?

Class Information and to contact us:

Classes are held Sundays from 9AM until 11:30AM which includes attending the Holy Name 10:30AM Family Mass. *We invite your entire family to join us at the Family Mass on Sunday.*

Location:

St Joseph the Worker Catholic Academy
241 Prospect Park West, Brooklyn, NY 11215

Contact:

Telephone: 718-768-7629
Email: hnjrec@yahoo.com

Annual Fees:

\$75.00 for One Child
\$125.00 for Two Children
\$175.00 for Three or more Children
Note: Other Sacramental fees will apply for First Holy Communion and Confirmation.

All required school supplies provided by the program.

Please check your child's(rens) school folder each week for any information information from the program.

For Office Use Only

Registered by:

Paid by:	Cash		Check:		Amount:	
Birth Certificate Attached			Baptismal Certificate Attached:			