

**ST. JOHN NEUMANN**

**DIOCESE OF LAREDO**

**FAITH FORMATION**

**YEAR: \_\_\_\_\_**

**CLASS REGISTRATION FORM**

**CCL Class:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Year** \_\_\_\_ **1<sup>st</sup>** \_\_\_\_ **2<sup>nd</sup>**

**Age:** \_\_\_\_\_

Full Name of Student \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Preferred Phone to Contact: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

**\*\*\*\*\* PLEASE PRINT CLEARLY\*\*\*\*\***

SCHOOL ATTENDING / WORK \_\_\_\_\_ GRADE: \_\_\_\_\_

Known allergies or medical conditions: \_\_\_\_\_

**FAMILY INFORMATION FOR CHILDREN AND ADOLESCENTS:**

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Religion: \_\_\_\_\_

The child resides with: \_\_\_\_ Both Parents \_\_\_\_ Father \_\_\_\_ Mother  
\_\_\_\_ Stepfather \_\_\_\_ Stepmother OTHER specify \_\_\_\_\_

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In case of emergency, contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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