



Child: Last Name _____ First Name _____ Family Name _____
if different from last name
 Child's Nickname _____ Date of Birth _____ Male Female Languages _____
 Father's Name _____ Mother's Name _____ Parish ID No. _____
 RE Grade 2010-11: _____ Last RE Grade Attended _____ Where? _____
 Academic Grade 2010-11: _____ Name of Academic School 2010-11: _____

PROFILE OF SACRAMENTS ALREADY RECEIVED

All new students must submit a copy of their **Baptismal Certificate** (duplicates only; please do not provide originals).
 Canon Law requires proof of Baptism before Sacraments can be dispensed.

BAPTISM: No Yes Date _____ at Saint Louis Parish? Yes No
 FIRST PENANCE: No Yes Date _____ at Saint Louis Parish? Yes No
 FIRST HOLY COMMUNION: No Yes Date _____ at Saint Louis Parish? Yes No
 CONFIRMATION: No Yes Date _____ at Saint Louis Parish? Yes No

STUDENT MEDICAL PROFILE

Students enrolled in the RE Program must be able to carry and administer their own medical treatments.

Allergies to Allergens, Medicines, Foods, Other: _____
 Other Medical Conditions: _____
 Special Instructions: _____
 EpiPen: My child self-administers epi-pen. Someone I designate will be on-site weekly to administer my child's epi-pen.
 I understand and consent to this policy regarding epi-pen administration: _____. (Signature required)

STUDENT EDUCATIONAL NEEDS SUPPORT PROFILE

Please indicate your child's educational support needs so that these needs can be better served in religious education class.

Special Needs _____
 Learning Disabilities _____
 Emotional Concerns _____

CCD SESSION SCHEDULES

Select your preference for your child's class schedule by circling the appropriate session and grade below.

<p><u>Session ONE:</u> MONDAYS, 4:45–6:00 PM</p> <p><u>GRADES OFFERED</u> K, 1, 2, 3, 4, 5, 6, 7, 8, Confirmation HS(10-12)</p>	<p><u>Session TWO:</u> WEDNESDAYS 6:45–8:00 PM</p> <p><u>GRADES OFFERED</u> K, 1, 2, 3, 4, 5, 6, 7, 8, Confirmation Catch-Up: SPW1 (Gr.3-6) & SPW2 (Gr.7-8)</p>
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ADDITIONAL REMARKS