

2018-2019

St. Titus CCD Family Registration

PLEASE PRINT

PLEASE RETURN FORM TO:

St. Titus Religious Education Center

952 Franklin Avenue Aliquippa, PA 15001

	New Family Check Here REQUIRED: email
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Father's Full Name:		Religion:	
Mother's Full Name:		Religion:	
Mother's Maiden Name:			
Address:			
	Street	City	State
	Zip		
Phone Numbers:	home:	cell:	
Do both parents reside at this address?	YES OR NO	if no, write in "Mother's" or "Father's"	
Are you a registered, practicing member of St. Titus	YES OR NO	if yes, envelope number:	

Please provide an Emergency Number for Sunday mornings (in addition to the home contact listed above)

Name/Relationship:	Phone:
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Who will be responsible for picking up child/children after class:

	1st Child	2nd Child	3rd Child
Child's Full Name			
Date of Birth			
Place of Birth (Hospital/City/State/Zip)			
School Attending			
Grade			
Church of Baptism (Name/City/State/Zip)			
Date of Baptism (month/date/year)			
Received 1st Communion ?			
Name of Church Where 1st Communion rec'd (City/State/Zip)			
Received Confirmation ?			
Name of Church Where Confirmation rec'd (City/State/Zip)			
Please List: any known allergies; medications taken; disabilities; disorders; any information you would like us to know about your child			