

HOLY FAMILY KNANAYA CATHOLIC CHURCH SCHOOL OF RELIGIOUS EDUCATION
3885 Rosebud Road, Loganville, GA-30052

Registration Form 2020-2021

FAMILY INFORMATION

Family Name: _____
 Name of the Father: _____ Cell Phone: _____
 Name of the Mother: _____ Cell Phone: _____
 E-Mail: _____ Home Phone: _____
 Emergency Contact Person and Ph. Number during Class Hours: _____
 Address: _____

Please list all children who will be attending CCD Classes

Name	Date Of Birth	CCD Grade	Sacraments Revd.		Books and Supplies Fee.
			H.Com.	Conf.	
					• \$ 50 One Child
					• \$75 Two Children
					• \$100 Three or more Children

Allergies/ Other information: _____

Do you grant approval for your child/children to attend the Safe Environment Training which will be conducted during the school year? _____ Yes / No
 (if you opted 'No' please contact Safe environment site administrator to complete a declination statement)

Signature of the Father / Mother _____ Date _____

For Office Use Only

Amount Received. _____ Check # _____ Date _____