

# ST. JOHN CCD/CONFIRMATION REGISTRATION 2010-2011

161 Main Street, Old Saybrook, CT 06475

Family Name: \_\_\_\_\_  
(As it is registered with Parish)

Parish Registered with: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Religion \_\_\_\_\_

Fathers Work Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Religion \_\_\_\_\_

Mothers Work Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Child(ren) live with: \_\_\_\_\_  
(Mother, Father, Both Parents, Other....)

Home Address: \_\_\_\_\_  
( Mailing, #, Street, Town, State, zip)

Home (family) Email: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Other Phone#: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_  
(Name) (Phone) (Relationship)

Pick Up Person: \_\_\_\_\_  
(Name) (Phone) (Relationship)

Pick Up Person: \_\_\_\_\_  
(Name) (Phone) (Relationship)

Child Name: \_\_\_\_\_  
(Age) (DOB) (Grade Entering) (School)

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