

**ST. CHARLES BORROMEIO RELIGIOUS EDUCATION (C.C.D.)**

POST OFFICE BOX 428

DESTREHAN, LOUISIANA 70047

(985) 764-6383

SCBCCD@SCBHUMILITAS.ORG

REGISTRATION FORM

2018– 2019 School Year

**SPECIAL CHILDREN OF CHRIST**

**MONDAYS 6:00-7:00 p.m.**

----- One Student per Application -----

**NEW STUDENT** - PLEASE FILL FORM OUT COMPLETELY. INCLUDE COPIES OF SACRAMENTAL CERTIFICATES & **PROOF OF PRIOR RELIGIOUS INSTRUCTION**.  
**RENEWAL STUDENT** - PLEASE FILL OUT FORM COMPLETELY; IF RECORDS HAVE BEEN GIVEN PREVIOUSLY, PLEASE WRITE "ON FILE" WHERE APPLICABLE.

PLEASE CIRCLE ONE:

NEW STUDENT

RENEWAL STUDENT

**PART I**

DATE: \_\_\_\_\_ SCB CHURCH ACCOUNT#: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GENDER: Male / Female  
Last First Middle

LAST COMPLETED CCD GRADE LEVEL: \_\_\_\_\_

NEW STUDENTS ONLY: Church & Place where last formal Religious Education classes were taken:

SCHOOL GRADE LEVEL FOR 2018-2019: \_\_\_\_\_ NAME OF ACADEMIC SCHOOL ATTENDING: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ CHILD'S AGE: \_\_\_\_\_

CATHOLIC BAPTISM DATE: \_\_\_\_\_ CHURCH: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_

FIRST RECONCILIATION DATE: \_\_\_\_\_ CHURCH: \_\_\_\_\_

(enter: "ON FILE" if given previously)

CITY & STATE: \_\_\_\_\_

FIRST COMMUNION DATE: \_\_\_\_\_ CHURCH: \_\_\_\_\_

(enter: "ON FILE" if given previously)

CITY & STATE: \_\_\_\_\_

**PARENT/  
GUARDIAN**

FATHER: \_\_\_\_\_  
LAST FIRST MIDDLE

MOTHER: \_\_\_\_\_  
LAST FIRST MAIDEN

CUSTODIAL PARENT, IF DIFFERENT FROM ABOVE: \_\_\_\_\_

FAMILY EMAIL ADDRESS: \_\_\_\_\_

FAMILY MAILING ADDRESS: \_\_\_\_\_

CONTACT PHONE NUMBER (Home, Cell, Work): \*Circle number to be used for School Messenger Notification System/ EMERGENCY \*

\_\_\_\_\_ HOME

\_\_\_\_\_ CELL

\_\_\_\_\_ WORK / OTHER

## PART II

### METHOD OF COMMUNICATION

- A. Non-Verbal: Does not make needs known \_\_\_\_\_
- B. Non-Verbal: Makes Needs Known \_\_\_\_\_
- C. Uses Pictures \_\_\_\_\_
- D. Signs \_\_\_\_\_
- E. Communication device \_\_\_\_\_  
a. Will child bring communication aids? If so list. \_\_\_\_\_
- F. Verbal Speech:                      **Please Circle:**                      Understood by others                      Difficult to Understand  
Other \_\_\_\_\_
- 

## PART III

### MEDICAL PROBLEMS OR CONSIDERATIONS

- A. Seizures \_\_\_\_\_
- B. Motor Difficulties \_\_\_\_\_
- C. Food Allergies (Please list): \_\_\_\_\_
- D. Special diet: \_\_\_\_\_
- E. List medications: \_\_\_\_\_
- F. Other: \_\_\_\_\_

## PART IV

### BATHROOM SKILLS

- A. Independent \_\_\_\_\_
- B. Needs Some Assistance \_\_\_\_\_
- C. Total Assistance \_\_\_\_\_
- D. Does your child wear diapers? \_\_\_\_\_  
a. **Please Note:** If your child requires diaper changing during this class, you will be called for assistance as changing rooms with proper equipment are not available.
- E. Catheter \_\_\_\_\_

## PART V

### EDUCATIONAL SKILLS

Approximate Development Functioning Level/ Exceptionality \_\_\_\_\_

Please list some acquired skills (e.g. reads by sight words)

**PART VI**

Please answer these questions to give the Catechists a better understanding about your child.

1. My child is best at:

\_\_\_\_\_

2. My child needs most help with:

\_\_\_\_\_

3. My child most enjoys: \_\_\_\_\_

4. My child least enjoys: \_\_\_\_\_

5. When I play or work with my child we usually: \_\_\_\_\_

6. Ways I have tried to help my child with behavior or school work that have worked are: \_\_\_\_\_

7. Ways that did not work are: \_\_\_\_\_

8. Special concerns I have: \_\_\_\_\_

9. What I expect my child to learn in this class: \_\_\_\_\_

10. Suggestions I have:

**Special Children of Christ Handbook Parent/Student Acknowledgment**

I have read and reviewed the 2018-2019 St. Charles Borromeo Parish School of Religion/ CCD Special Children of Christ Handbook and acknowledge the expectations, policies, and procedures for the program. Should I misplace this Handbook, I acknowledge that it may be found on the St. Charles Borromeo Church website: <http://scblittleredchurch.org>

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent/Guardian Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Photo Permission**

I give permission for my child[ren]'s photograph, taken in connection with the Parish School of Religion, to be put on the parish website and/or social media pages. First name and last name initial will appear with the photo as well as the grade and the affiliation with our program.

\_\_\_\_\_ **INITIAL**

I **DO NOT** give permission for my child[ren]'s photograph, taken in connection with the Parish School of Religion, to be put on the parish website and/or social media pages. \_\_\_\_\_ **INITIAL**

<b>TUITION RATES (Before Sept. 4)</b>		<b>Totals</b>	<b>(After Sept. 4)</b>	<b>OFFICE USE: 2018-2019</b>
1st - Child .....	\$65.00	.....\$ 65.00	\$ 85.00	DATE: _____
2nd - Child .....	\$45.00	.....\$110.00	\$140.00	AMT. PAID: _____
3rd - Child .....	\$30.00	.....\$140.00	\$180.00	CHECK #: _____
<i>If you need more time to pay, let us know. No additional charge for 4 or more children.</i>				REC'D BY: _____