

ST. CHARLES BORROMEO 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**

TUITION RATES (Before Sept. 4)		Totals	(After Sept. 4)	OFFICE USE: 2018-2019
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: _____