

# REGISTRATION APPLICATION

St. Patrick and Saint Rose of Lima Catholic Catechetical Program (CCP)

10 Jonestown Road, Oxford, NJ

908-453-2636

Coordinator of Religious Education Mrs. Tracy Menza

## STUDENT INFORMATION

Name \_\_\_\_\_ Grade \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Learning Disabilities? – Specify \_\_\_\_\_

Health Conditions / Allergies \_\_\_\_\_

Last Religious Ed Program Attended \_\_\_\_\_ Last Grade \_\_\_\_\_ Date withdrawn \_\_\_\_\_

## FAMILY INFORMATION

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name (include maiden name) \_\_\_\_\_ Religion \_\_\_\_\_

Father Cell phone # \_\_\_\_\_ Mother Cell phone # \_\_\_\_\_

Father Work # \_\_\_\_\_ Mother Work # \_\_\_\_\_

Family E-Mail Address \_\_\_\_\_

\_\_\_\_\_ all/most of  
correspondence regarding CCP occurs via email. Please provide the email you check most often.

## SACRAMENTAL INFORMATION

***IF BAPTIZED IN ANOTHER PARISH PLEASE ATTACH BAPTISMAL CERTIFICATE TO THIS  
REGISTRATION FORM***

Baptism      Y      N      Parish \_\_\_\_\_ City \_\_\_\_\_ Date \_\_\_\_\_

Penance      Y      N      Parish \_\_\_\_\_ City \_\_\_\_\_ Date \_\_\_\_\_

Communion    Y    N    Parish \_\_\_\_\_ City \_\_\_\_\_ Date \_\_\_\_\_

**DIOCESE OF METUCHEN**

**PHOTO RELEASE FORM**

**I hereby grant to the Diocese of Metuchen and its parishes, schools and assigns, the irrevocable and unrestricted right to use, reproduce and publish photograph(s) or video(s) of me, including my/my child's image and likeness for diocesan, parish or school publications, advertising, or website(s), or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same.**

**I hereby release the Diocese of Metuchen and its trustees, officers, employees, agents, legal representatives and assigns from any and all claims, actions and liability of whatever nature and relating to the use of said photograph(s) and/or video(s).**

Permission for Child/Children: \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_