

**CHRISTIAN INITIATION OF CHILDREN (CIC)
2012-2013**

Student

First Name: _____ Middle _____ Last _____

Address _____ City, State, Zip _____

Age _____ Grade Presently in _____ School _____

Date of Birth _____ City/State of Birth _____

Date of Baptism _____ Church of Baptism _____

Father's Full Name _____ Religion _____
(First) (Middle) (Last)

Mother's Full Name _____ Religion _____
(First) (Middle) (Maiden Name)

Child Lives With _____

Parent e-mail _____ Home Phone _____ Cell Phone _____

Sacrament(s) to be received: Baptism _____ Eucharist _____

If not Baptized: Godmother _____ Is this person a practicing Catholic? _____

Godfather _____ Is this person a practicing Catholic? _____

(Only **one** godparent is necessary. If two are chosen, at least one must be a practicing Catholic, above the age of 16. ****We require a letter from godparents' pastor, on church letterhead, stating they are active in their parish.**

Special Medical / Educational Needs:

PLEASE UPDATE YEARLY AND SELECT AS APPROPRIATE

_____ ADD / ADHD

_____ Autism

_____ Behavioral/Emotional disturbance

_____ Hearing Impairment

_____ Orthopedic (unable to use stairs)

_____ Speech or language impairment

_____ Child needs individual aid in class

Other health concerns: (e.g. chronic or acute health problems

such as diabetes, epilepsy, hemophilia, asthma, etc... _____

_____ Developmental disabilities

_____ Learning Disabilities

_____ Reading Difficulties

_____ Traumatic brain injury

_____ Special diets

Food allergies (list):

Medications taken regularly:

MEDICAL AUTHORIZATION

In case of emergency, I understand Church of the Resurrection Religious Education will make every effort to contact me. However, if they cannot reach me, I give my permission to take my child for emergency treatment. I release Church of the Resurrection Religious Education and Church of the Resurrection Parish, staff, and volunteers from all liability of any kind which may arise.

Family Doctor _____ Phone _____

Dentist _____ Phone _____

Preferred Hospital _____

Signature of Parent or Guardian

Date

There is no Registration Fee for the CIC program.