## SAINT PIUS X - CONFRATERNITY OF CHRISTIAN DOCTRINE 220 SOUTH LAWRENCE ROAD, BROOMALL, PA 19008 REGISTRATION - RETURNING STUDENTS

				DATE://
FAMILY NAME:				
ADDRESS:				
CONTACT PHONE:	(PHONE NUMBER WHERE PARENT CAN BE REACHED)			
WORK PHONE:	(FATHER) (MOTHER)			
E-MAIL ADDRESS:				
Is family registered in SPX	K Parish?	Other Parish	n?	
Which Mass does the fami	ly usually attend?			
Has any family informatio	n changed?			
Is there a legal custody ord (If yes, current copy must				
Is there an I.E.P. for any o	of the children of the fa To yes, please provide a			
STUDENTS TO BE REG	ISTERED:			
Name of Student	Date of Birth	Grade	School	Session
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N.B. For session preferred	meet 4:15 P.M. to 5:35	<b>P.M.</b> (K-6)	graded)	
Parent who can help with	CCD Program:			
Please check any areas in v	which you can help:			
C.C.D. Teacher	Classroom Aid	le	_ Door Monitor	Hall Monitor
\$160. per student f \$160. per child in l	August 3: vels 1-6 & Sacrament I for grades/levels 7-8 (S Kindergarten: (\$150 w r student for out-of-pa	acraments c vith email ad	ompleted; \$150 wit dress)	