

**Saint Timothy School of Religion
225 King Philip Drive
West Hartford, CT 06117**

**CCD Registration Form for grades pre-K thru 5
School Year 2010 - 2011**

(please fill out a separate sheet for EACH child in your family)

Child's name _____
(last) (first) (middle)

Mother's name _____
(last) (first) (phone/work/cell)

Father's name _____
(last) (first) (phone/work/cell)

Address: _____
(street) (city) (state/zip)

home phone: _____ parent's cell _____

grade: _____ e-mail _____

In case of emergency and parents cannot be reached:

name _____
(last) (first) phone/work/cell

address: _____
(street) (city) (state zip)

relationship: _____

*****please list any special needs, medications, or allergies we should be aware of
(to be kept confidential)

please make checks payable to:

St. Timothy School of Religion
fees: grade 2: - \$45.00
all other grades - \$35.00

mail registration form and check to:

St. Timothy School of Religion
Attn: Stephanie Barnes
225 King Philip Drive
West Hartford, CT 06117