

Student Last name _____	First name _____	Date of birth _____	Grade _____
Student Last name _____	First name _____	Date of birth _____	Grade _____
Student Last name _____	First name _____	Date of birth _____	Grade _____

_____ Lakeview School District or Other _____

Street Address _____ City _____ State _____ Zip Code _____

Father's Name _____ Religion _____ Phone Number _____

Mother's Name _____ Religion _____ Phone Number _____

Permission to text Yes No Email _____

Health Information (allergies, etc.) _____

Additional Family Information* _____

*Information may include divorce, custody arrangements, stepparents, learning challenges or any issue you feel may be beneficial in facilitating your child's learning experience.

Caring and supportive individuals allow the CCD program to be a success! Please consider sharing your time and talents with our students!

If you are interested in volunteering, please sign below or contact Linda Black 330.898.6396.

Yes, I am interested in volunteering with _____

Name _____ Phone Number _____

Permission to Photograph your Child:

Pictures are taken of various activities during CCD. Pictures may be posted on our website. We respect your privacy and that of your child.

I grant permission to post my child's photograph and name.
 I DO NOT grant permission to post my child's photograph and name.

Office Use	Amount Paid _____
_____ Cash	
_____ Check #	Date _____