

## 2011-2012 AMR CCD Registration

(Date registered: \_\_\_\_\_)

Husband/Father's Name: \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Work #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

Wife/Mother's Name: \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Work #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Married in the Church?** \_\_\_\_\_ (yes or no)

**Home Address:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

Service you attend: \_\_\_\_\_ AMR \_\_\_\_\_ TAMC \_\_\_\_\_ Other  
**Emergency Name and Phone:** \_\_\_\_\_

### Family Information

(Please put last names if different from Sponsor's name. Please put all children living here.)

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_

Baptized \_\_\_\_\_ 1st Comm. \_\_\_\_\_ Confirmed \_\_\_\_\_

\*\*Allergies (diabetic, asthma, insects, food, etc.) \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_

Baptized \_\_\_\_\_ 1<sup>st</sup> Comm. \_\_\_\_\_ Confirmed \_\_\_\_\_

\*\*Allergies (diabetic, asthma, insects, food, etc.) \_\_\_\_\_

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Baptized \_\_\_\_\_ 1<sup>st</sup> Comm. \_\_\_\_\_ Confirmed \_\_\_\_\_

\*\*Allergies (diabetic, asthma, insects, food, etc.) \_\_\_\_\_

COMMENTS/SPECIAL NEEDS: \_\_\_\_\_

**\*\*Willing to help where needed\*\***

Willing to *co-teach* **CCD**: Grade/age desired \_\_\_\_\_ any grade/age \_\_\_\_\_

Willing to *co-teach* @ Family Night (Tuesday): Grade/age desired \_\_\_\_\_ any grade/age \_\_\_\_\_

Willing to be a *substitute* when needed: CCD \_\_\_\_\_ Family Night \_\_\_\_\_  
Grade/age desired \_\_\_\_\_ any grade/age \_\_\_\_\_

Willing to help with Keiki Church: \_\_\_\_\_ during Mass.

Willing to help with Youth Group: \_\_\_\_\_ (One group – Catholic & Protestant & Gospel)

Confirmed Teenager(s): \_\_\_\_\_ (area)

\_\_\_\_\_ (area)

Husband Only \_\_\_\_\_ (Area)      Wife Only \_\_\_\_\_ (Area)      Both \_\_\_\_\_ (Area)