



**ST. CLEMENT'S LITTLE DISCIPLES  
2019-2020 REGISTRATION FORM**

**CHILD'S INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Gender M/F \_\_\_\_\_

School \_\_\_\_\_ Address \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Phone # \_\_\_\_\_ Mother's Email \_\_\_\_\_

Father's Phone # \_\_\_\_\_ Father's Email \_\_\_\_\_

**May we use your child's image on social media? Yes/No**

**Would you like to volunteer as a parent chaperone for one of our gatherings? Yes/No**

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

