

2012 / 2013 CCD REGISTRATION FORM

FEES: 1st, 4th through 8th grade fee \$25.00; 2nd and 3rd grade fee \$30.00; 9th grade fee \$50.00

Cash or Check # _____

Received by: _____ Date: _____

STUDENT NAME: _____
First and Last Middle Initial

ADDRESS: _____
Street Town Zip code

HOME PHONE #: _____ School Grade in September. _____

BIRTH DATE: _____ BIRTH PLACE: _____
City/State/Country

Home Parish is: _____ Attended CCD last year at: _____
(Name of church)

Please list birth parents: _____ Lives with:
(Check box below)

MOTHER _____
First Name Maiden Name

FATHER _____
First Name Last Name

STEP FATHER / STEP MOTHER _____
First Name Last Name

EMERGENCY Contact Person _____

EMERGENCY Phone # _____

Parent's email address: _____
Please print clearly

Received the following Sacraments:

Please include a COPY of all certificates if child received sacraments at another church; or check "on file".

Baptism Y or N _____
Name/address of church check box if certificate on file

Penance Y or N _____
Name/address of church check box if certificate on file

First Holy Communion Y or N _____
Name/address of church check box if certificate on file

PLEASE LIST ANY DISABILITIES WE SHOULD BE AWARE OF: _____

PARENTS: please circle item below if you can help with one of the following:

Teacher Substitute teacher Office helper Direct traffic in parking lot
(You may contact Mrs. Ruth Romajas at 860-276-9208 or Mrs. Terri Rasmussen at 860-628-5219.)