

2011 / 2012 ---9th Grade

CCD REGISTRATION FORM

\$50.00 registration fee enclosed (\$60 after 10/1/11)

Cash or Check # _____

Received by: _____ Date: _____

STUDENT NAME: _____
First and Last Middle Initial

ADDRESS: _____
Street Town Zip code

HOME PHONE #: _____ School Grade in Sept. 2011 _____

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

Home Parish is: _____ Attended CCD last year at: _____

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(s) _____

EMERGENCY PHONE #: _____

Parent's email address: _____

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: circle below if you would like to help with one of the following:

- Religious Education teacher
- Substitute teacher for your child's grade
- Office helper
- Help with traffic in parking lot

(You may contact Mrs. Ruth Romajas at 860-276-9208 or Mrs. Terri Rasmussen at 860-628-5219.)