



CCD Registration

2018-2019

Tuition Fees

One Child - \$50.00 Two Children - \$70.00 Three or More - \$90.00	Please make checks payable to your Parish of Registry
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Please return this form to the respective parish office as soon as possible.
Fees may be paid upon registration or please consult the DRE to make arrangements for payments.

Family Information

Father First Name Last Name <hr/> <p style="text-align: center;">Address</p> <hr/> <p style="text-align: center;">Telephone</p> <hr/> <p style="text-align: center;">Email Address</p>	Mother First Name Last Name <hr/> <p style="text-align: center;">Address</p> <hr/> <p style="text-align: center;">Telephone</p> <hr/> <p style="text-align: center;">Email Address</p>
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Parish of Registry Saint Joseph ____ St. Ann: ____ Other: _____
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Who is the primary contact person? _____

What language is spoken by the parents? _____

Emergency Contact Information

<hr/>	<hr/>
Name	Telephone
<hr/>	
Relationship to Child	

Office Use Only

Registered Parishioner	Tuition/Payment Received	Religious Records	Envelope #

PLEASE FILL OUT BOTH SIDES

Please enter your child(ren)'s name(s) from oldest to youngest.

_____		_____
Child's First Name		Child's Last Name
_____	_____	_____
Child's Date of Birth	Grade Entering	Child's School
_____		_____
Baptized at		First Reconciliation at

First Holy Communion at		

Are there any special needs or considerations for this child?		

_____		_____
Child's First Name		Child's Last Name
_____	_____	_____
Child's Date of Birth	Grade Entering	Child's School
_____		_____
Baptized at		First Reconciliation at

First Holy Communion at		

Are there any special needs or considerations for this child?		

_____		_____
Child's First Name		Child's Last Name
_____	_____	_____
Child's Date of Birth	Grade Entering	Child's School
_____		_____
Baptized at		First Reconciliation at

First Holy Communion at		

Are there any special needs or considerations for this child?		