

ST. CHRISTOPHER'S CHURCH

CCD REGISTRATION 2018 – 2019

DATE: _____

CHILD'S INFORMATION

Child's Legal Name: _____ M _____ F _____

Other Name? _____ Please explain: _____

Date of Birth: _____ Place of Birth: _____

Grade 2018-19 _____ Name of School _____

Church of Baptism _____ State/City _____

Sacraments received: BAPTISM RECONCILIATION 1ST COMUNION CONFIRMATION

Sacraments needed: _____

*****For 1st Communion and Confirmation, please provide the child's Baptism Certificate.**

CHILD'S MEDICAL INFORMATION

Any allergy or medical condition we should know about: _____ EPI-Pen? _____

Any medication he or she is taking: _____

Any learning disability: _____

*****Parents of children in P-K to 5th grade, MUST sign their children in and out of class each week.**

REGISTRATION FEE:

One child: \$25.00 Three children \$45.00

Two children \$40.00 Four or more \$50.00

*Books: \$20.00 (deposit) * for 2nd and 8th grades only

VOLUNTEER PROGRAM FOR THE PARENTS OF CCD STUDENTS

Father 2 hrs. Month
Mother 2 hrs. Month

CONFIDENTIAL INFORMATION REGARDING PARENTS

Current relationship of child's legal parents to each other: Married _____ Separated _____ Divorced _____ Never Married _____

Mother: Legal Parent? _____ Other (please describe) _____

Father: Legal Parent? _____ Other (please describe) _____

Are you catholic? _____

Are you catholic? _____

Which sacraments have you received? _____

Which sacraments have you received? _____

Do you attend Mass? _____ Which Mass? _____

Do you attend Mass? _____ Which Mass? _____

TO BE FILLED OUT BY THE OFFICE

Student assigned to: _____ **CCD Class**

Special need acknowledged _____

Form of payment _____

Cash: \$ _____ **Receipt #** _____

Check# _____ **Amount \$** _____ **Receipt#** _____