

**ROMAN CATHOLIC CHURCH OF SAINT CHRISTOPHER AND SAINT PATRICK
RELIGIOUS EDUCATION PROGRAM**

3094 Albany Post Road, Buchanan, NY 10511, Phone: 914-737-1046, email: ffmprogram2@yahoo.com

PARENT/GUARDIAN INFORMATION

Family Last Name:

Street Address:

EMAIL:

Mother's Name:

Father's Name:

Guardian's Name:

Child(ren)'s Last Name (if different):

City, State, Zip:

Home Phone:

Cell:

Cell:

Cell:

EMERGENCY & PHYSICIAN INFORMATION

Emergency Contact:

Emergency Phone:

Physician Name:

Physician Phone:

**STUDENT REGISTRATION INFORMATION
(ONE FORM PER FAMILY)**

Students Full Name	Grade in Fall 2018	Sacrament Fee \$50 Communion \$100 Confirmation \$25 Bible	Session Choice (Sunday or Monday)	Date of Birth	Specials Needs, Allergies, Medications <i>(use back of sheet if more space is needed)</i>

For New Students:

Not Baptized
 Did Not make Communion

Baptism Place/Year:

Communion Place/Year:

If your child did not receive the sacrament of Baptism or Communion at St. Christopher's Parish, please bring the original certificates with you when registering for religious education classes.

We will make a copy and return original to you.

NO CHILD WILL BE ALLOWED TO REGISTER WITHOUT BAPTISM AND/OR COMMUNION CERTIFICATES

2018-19 CCD REGISTRATION FEES AND PAYMENT

FOR FAMILIES ACTIVELY USING PARISH ENVELOPES

After 8/1/2018

\$275

\$325

\$425

FOR FAMILIES NOT ACTIVELY USING PARISH ENVELOPES

After 8/1/2018

\$375

\$425

\$450

CCD OFFICE USE ONLY

Date Registered: _____

Past Due: _____

Amount Due for 2018-2019: _____

Sacrament Fees: _____

Total Due: _____

Amount Paid and Date: _____

Balance Due: _____

PAYMENT INFORMATION

Payment Method: Check _____ Cash _____

Credit Card: Visa _____ MC _____

Credit Card# _____

Name on Card _____

Address if different _____

3 Digit Code _____ Expire _____