

REGISTRATION FOR ST ROSE CCD PROGRAM
St. Rose Parish
2018-2019

GENERAL INFORMATION

Father's Name: _____

Mother's Name: _____

MailingAddress: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone: _____

E-Mail Address: _____

Name of Your Parish: _____

Registered Member of Parish: Yes ___ No ___ St. Rose: ___ St. Joseph: ___ Other: _____

Name of Parish: _____

****If you are not a registered member of either Parish, you need written permission from your Parish Pastor to attend this CCD class. If NOT a registered member of any Parish, you need to be a registered member of a Parish.**

Please complete a registration sheet for each child. FFY has their own Registration Form!

Name of Student:	Grade in Fall	Birth Date	Age
_____	_____	_____	_____

Does your child have any health issues that we need to be aware of? Yes ___ No ___
If so what: _____

SACRAMENTAL RECORDS-Please circle & complete information

Baptism	Yes/No	If yes, Where _____	Certificate Yes/No
Eucharist	Yes/No	If yes, Where _____	Certificate Yes/No
Confirmation	Yes/No	If yes, Where _____	Certificate Yes/No

If your child has been Baptized, received First Communion or been Confirmed in another parish, we need a **RECENT** Certificate from that **Church with Parish Seal**. **Originals will be returned to you.**

CCD-Tuition: \$35.00 per Family -If you are a CCD Teacher/CCD Volunteer \$17.50 per Family
Please make your check payable to St Rose CCD Program

Amount: _____ Check: _____ Cash: _____ Date Paid: _____

Please check if you would be interested in substituting for a teacher/helper when needed: _____

Please check if you would be interested in helping with a Fundraising Project for the CCD Program _____

Please comment or give suggestion on what you would like to see in our program:

Parent's Signature

Date

Program Meets every Wednesday beginning at 7:30 PM SHARP to 8:30 PM in St Rose School.
Please return to: Terry Mueller 88758 553rd Avenue Crofton, NE 68730 605-660-6814 cell