



SCHOOL OF RELIGION REGISTRATION FORM 2018-2019

Family Name: _____

Street Address: _____

_____ City State Zipcode

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Mother's Name: _____

First Middle Maiden

Religion: _____ Marital Status: _____ Occupation: _____

Father's Name: _____

First Middle

Religion: _____ Marital Status: _____ Occupation: _____

Student(s) lives with: _____

REGISTRATION FEES

CCD only \$65.00 _____

Additional Children (\$25.00 per child) _____

First Communion (add \$25.00) _____

*Must have attended CCD or Catholic School the previous year to be eligible
Catholic School students need only pay First Communion fee.*

Total Amount enclosed \$ _____

PARISH OFFICE USE ONLY

Check Number _____ Date _____

STUDENT INFORMATION

Student Name: _____

Date of Birth: _____ Grade in 2018-19: _____

School currently attending: _____

First time registration? _____

Please attach a copy of the baptismal certificate if this is a first-time registration or registration for FIRST COMMUNION.

RELIGIOUS EDUCATION / SACRAMENTAL RECORD

Date of Baptism: _____

Church and Location of Baptism: _____

Date of First Reconciliation / Communion: _____

Church and Location of First Communion: _____

PARISH WHERE CCD CLASSES WERE ATTENDED FOR EACH GRADES:

K _____ Location _____

First _____ Location _____

Second _____ Location _____

Third _____ Location _____

Fourth _____ Location _____

Fifth _____ Location _____

Sixth _____ Location _____

Seventh _____ Location _____

Eighth _____ Location _____

Ninth _____ Location _____