

CCEEP Religious Education (CCD)
(Catholic Community of the East End of Pittsburgh)
REGISTRATION FORM 2018-2019

STUDENT Information

Last Name: _____ School/Schools _____

1) First Name: _____ Birthdate: _____ Grade: _____

2) First Name: _____ Birthdate: _____ Grade: _____

3) First Name: _____ Birthdate: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Parent/Guardian E-mail address _____

MEDICAL INFORMATION – Does your child have any food allergies or any medical/learning ability issues that might impact their participation in class on Sunday mornings? _____

PARENTS/GUARDIANS Contact Information

Who is responsible for the student's religious education? *Check all that apply:*

Father (full name): _____

Mother (full name): _____ Maiden: _____

Other (full name, relationship to child): _____

Address: _____

e-mail: _____

Emergency Contact (if parent/guardian cannot be reached): Name: _____

Phone Number: _____ Relationship to Student: _____

SACRAMENTAL Information

Parish where registered? *Circle one:* St Bede/St. Charles Lawanga/St. James/Other: _____

(If **NOT** registered at a CCEEP Parish, *enclose a letter from your pastor approving your enrollment here.*) **ALL** students not baptized at CCEEP Parish, please *enclose a copy of your Baptismal Certificate* (unless a sacrament was received here within the last 6 months)

Please help us to keep accurate records by completing the following chart:

Sacrament	Church	Date Received (month/year)		
		1 st . child	2 nd child	3 rd child
Baptism				
Reconciliation				
Eucharist				
Confirmation				

Registration Fee: _____ Please contact Teresa concerning registration fee.

This fee assists with the cost of books and materials. Please contact the Rectory regarding any financial concerns.

If you have any questions or concerns, please contact Teresa Maynor at teresamaynor@msn.com Please take the completed form to the Rectory or drop in collection basket during Mass. Thank you!