

Our Lady of Sorrows CCD Registration Form
Religious Education
Faith Formation

Name: _____ Sex: M or F Grade: _____

Date of Birth: _____ Age: _____

Father: _____ Phone: _____ Work: _____

Mother: _____ Phone: _____ Work: _____

Address: _____ City: _____ Zip: _____

Sacraments Received:

Baptism: Yes No Church: _____ City: _____

Communion: Yes No Church: _____ City: _____

Confirmation: Yes No Church: _____ City: _____

Did the student attend CCD last year? Yes No

Which mass does your family usually attend? _____

Current Status: Married by the Church Married Civilly Cohabiting Divorced Single

Is your child a licensed driver? Yes No If yes, will he/she be driving others to CCD? Yes No

If yes, please provide names: _____

If yes, we must have a copy of the driver's license, proof of insurance and a note of permission from parent.

Emergency Contact Numbers (whomever will be dropping off and picking up the student):

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Brothers/Sisters in CCD: _____

Please list their grades _____

Parent's Signature: _____ Date: _____

For Office Use Only

Catechist: \$25.00 Single: \$40.00 2-3: \$55.00 4+: \$80.00 Baptismal Certificate: Yes No

Amount Due: _____ Amount Paid: _____ Balance Due: _____

Accepted By: _____ Receipt #: _____