ST. CHARLES BORROMEO RELIGIOUS EDUCATION (C.C.D.)

POST OFFICE BOX 428
DESTREHAN, LOUISIANA 70047
(985) 764-6383 SCBCCD@SCBHUMILITAS.ORG

2018 – 2019 School Year **MONDAYS 6:00-7:15 p.m.**

---------- One Student per Application ----------

NEW STUDENT- PLEASE FILL FORM OUT COMPLETELY. INCLUDE COPIES OF SACRAMENTAL CERTIFICATES ***& PROOF OF PRIOR RELIGIOUS INSTRUCTION***.
RENEWAL STUDENT - PLEASE FILL OUT FORM COMPLETELY; IF RECORDS HAVE BEEN GIVEN PREVIOUSLY, PLEASE WRITE **"ON FILE"** WHERE APPLICABLE.

PLEASE CIRCLE ONE: NEW STUDENT RENEWAL STUDENT

DATE: _____ **SCB CHURCH ACCOUNT#:** _____

STUDENT NAME: _____ **GENDER:** **Male / Female**
Last **First** **Middle**

LAST COMPLETED CCD GRADE LEVEL: _____

NEW STUDENTS ONLY: Church & Place where last formal Religious Education classes were taken:

_____

SCHOOL GRADE LEVEL FOR 2017-2018: _____ **NAME OF ACADEMIC SCHOOL ATTENDING**:_____

BIRTH DATE: _____

CATHOLIC BAPTISM DATE: _____ **CHURCH:** _____

CITY & STATE: _____

FIRST RECONCILIATION DATE:_____ **CHURCH:** _____

(enter: "ON FILE" if given previously) **CITY & STATE:** _____

FIRST COMMUNION DATE: _____ **CHURCH**: _____

(enter: "ON FILE" if given previously) **CITY & STATE:**_____

PARENT/ GUARDIAN

FATHER: _____
LAST FIRST MIDDLE

MOTHER: _____
LAST FIRST MAIDEN

CUSTODIAL PARENT, IF DIFFERENT FROM ABOVE: _____

FAMILY EMAIL ADDRESS:_____

FAMILY MAILING ADDRESS:_____

CONTACT PHONE NUMBER (Home, Cell, Work): *Circle number to be used for School Messenger Notification System *

_____ _____ _____
HOME CELL WORK / OTHER

****If there are learning or medical disabilities, family situation or other important information of which we should be aware of, please indicate. It will be kept confidential.** _____**(cont. on back if needed)**

TUITION RATES (Before Aug. 7)		Totals	(After Aug. 7)
1st - Child	$65.00	.....$ 65.00	$ 85.00
2nd - Child	$45.00	.....$110.00	$140.00
3rd - Child	$30.00	.....$140.00	$180.00

If you need more time to pay, let us know. No additional charge for 4 or more children.

OFFICE USE: 2017-2018
DATE: _____
AMT. PAID:_____
CHECK # : _____
REC'D BY: _____