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

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

**2019 – 2020 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 2019-2020** _____ **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 July 15) | | Totals | (After July 15 ) |
|---|---|---|---|
| 1st - Child ..... | $70.00 | .....$ 70.00 | $ 85.00 |
| 2nd - Child ..... | $45.00 | .....$115.00 | $140.00 |
| 3rd - Child ..... | $30.00 | .....$145.00 | $180.00 |

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

**OFFICE USE: 2019-2020**
DATE: _____
AMT. PAID: _____
CHECK # : _____
REC'D BY: _____