

CCD REGISTRATION

Name of Father/Guardian: _____

Address: _____

Phone Number: _____

Name of Mother/Guardian: _____

Address: _____

Phone Number: _____

Emergency Contact:

Name: _____

Phone Number: _____

Relation to Child: _____ (Ex.:uncle, mother, family friend)

CCD STUDENT(S):

NAME	AGE	GRADE THIS YEAR	BAPTISM? (PROVIDE CERTIFICATE)		FIRST COMMUNION?		CONFIRMATION?		ALLERGIES (What are they?)
			Yes	No	Yes	No	Yes	No	
			Yes	No	Yes	No	Yes	No	
			Yes	No	Yes	No	Yes	No	
			Yes	No	Yes	No	Yes	No	
			Yes	No	Yes	No	Yes	No	
			Yes	No	Yes	No	Yes	No	
			Yes	No	Yes	No	Yes	No	
			Yes	No	Yes	No	Yes	No	

Enrollment costs \$35.00 per student, and this covers the diocesan enrollment fee as well as the cost of books and other supplies.