St. Mary's Catholic Church, Reddick

CCD Registration 2018-2019

Student Name: _____ _____ _____

First Middle Last

Address: _____

_____

_____

Parent Name(s): _____

Mother

_____

Father

Home Phone Number: _____

Cell Phone Number: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Baptismal Information:

Date: _____

Parish, City: _____

_____

Food Allergies: **No** **Yes** _____

Volunteers should know the **additional, following Medical Information** when working with my child:

_____

_____

My child is currently enrolled in the _____ grade: **K** **1** **2** **3** **4** **5** **6** **7** **8** **9-12**

Fees:

$20 per student OR $30 per family Check _____ Cash _____

Check #

Fees are waived for parents willing to help teach a CCD class.

_____ Yes, I am willing to help teach a CCD class.

(I understand that I will be contacted by the DRE.)

_____ No, I am not willing to teach a CCD class at this time.