

St. Mary's Catholic Church 2023-2024 CCD Registration

Student Name: _____
First
Middle
Last

Address: _____

Parent Name(s): _____
Mother

Father

Home Phone Number: _____
 Cell Phone Number: _____
 Email Address: _____
 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:

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My child is currently enrolled in the _____ grade:

K	1	2	3	4
5	6	7	8	9-12

Fees:

\$30 per student OR \$50 per family Check _____ Cash _____
Check #

(Additional \$25 for sacrament years) First Communion Confirmation

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.