CCD Registration Form

PLEASE COMPLETE ENTIRE FORM EVEN IF YOU THE SACRAMENTS WERE RECEIVED IN SJWP.

REGISTRATION FEE DUE WHEN YOU SUBMIT THE REGISTRATION FORM.

Age:	
ry- Please check all tha	t apply:
Date:	Parish:
Date:	Parish:
Date:	Parish:
first year in our CCD J	program, please indicate where they received prior
Catholic School:	Different CCD Program:
	m, where and last grade
OD ALLEGRI ES or M	Medical Problems (Diabetes, seizures, etc.):
ral Diagnoses:	
nation will be kept in striction will be kept in striction y learning difficulties, which is that may on: Married	
	Age: ry- Please check all that Date: Date: Date: first year in our CCD program Catholic School: Catholic School: Tal Diagnoses: ral Diagnoses: ation will be kept in string learning difficulties, all tips or hints that may on:

Mother:	Name:	Maiden name:
	Address:	
		Cell Phone:
	Religion:	
Father:		
		above)
		Cell Phone:
	Religion:	
In the ev	GENCY CONTACT:	tuation, and we cannot connect with you, whom can we call
Name: _		
event. I do	me-to-time, we take pictures I do not give per	of the students involved in special projects or at a CCD-related mission for my child's photograph to appear in the local Facebook page/Parish Website.
Signatur	e	
	• •	tion Form for each child. Completed registration forms should a the registration fee. Registration fee - for grades K thru 8 - is as
3 or mo	\$40 en - \$60 (total; not per child re children - \$75 (total; not ol has no registration fee.	
_	-	ext books and materials. If this is a hardship, please contact the hone number: 570-874-0610 ext. 4.