ALL SAINTS CCD PROGRAM REGISTRATION

CCD will meet from 9:30 am to 10:45 am on Sundays in St. Joseph Academy school building.

PLEASE PRINT AND COMPLETE ALL INFORMATION

CHILD'S NAME	MIDDLE		GRADE ATTEND	ING THIS YEAR
DATE OF BIRTH		LAST	_ BAPTIZED?	YES NO
FATHERS NAME	CA	THOLIC? YES	NO	
MOTHER'S NAME	C.	ATHOLIC?YES	SNO	
MOTHER'S MAIDEN NAME				
MARRIED?YESNO	IF MARRIED, WHE	RE		
ADDRESS#STREET				-
CITY FATHER'S CELL PHONE:		ZIP MOTHER'S CELL PHO		
FATHER'S E-MAIL ADDRESS:		MOTHER'S E-MAI	L ADDRESS:	
IN CASE OF EMERGENCY, CON	TACT NAME:		PHONE:	
RELATIONSHIP:(If other than the custodial parent, your child. The parent must give the ANY LEARNING DISABILITY OR OF?	a letter from the parent ne CCD teacher a note ALLERGIES WE NEE	t(s) is required that state that someone other the D TO BE AWARE	es who will be au an the parent will i	be picking up the child.)
LAST YEAR OF RELIGIOUS EDU SCHOOL ATTENDING:				
ARE YOU AN ACTIVE, REGISTER (If other than at ALL SAINTS, a co- show proof of child's baptism – to	py of Baptismal certific			rents are required to
IF NO, IN WHICH PARISH ARE Y (Parents who are not registered at to your child attending CCD at ALL	ALL SAINTS must hav			e is aware of and agrees
FIRST HOLY COMMUNION DATE	E:	WHERE RECEIVE		
\$20.00 FEE PER CHILD REGISTRATION FEE PAID? parishioners. Contact the parish of	· ·		(Include Church	,
IN CASE CCD CLASS IS CANCENAME:	LLED, HOW WOULD		NTACTED: Call	or Text
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