

**Saint Mary's Parish Church
CCD Religious Education Office**

Dear Parents of Student, the following registration information is required (Please print):

Students Name: First: _____ Middle: _____ Last: _____

Date of Birth: Month: _____ Day: _____ Year: _____

Street Address: _____ Phone: _____

Town – City: _____ State: _____ Zip: _____

School Attending: _____ Grade: _____

Father's Name: _____ Religion: _____

Mother's Maiden Name: _____ Religion: _____

Church of Marriage: _____ Date: _____

Street Address: _____ House Phone: _____ Cell Phone: _____

Town – City: _____ State: _____ Zip: _____

Sacraments student received, Church name, Church address and Date conferred:

Baptism: Church name: _____ Date: _____

Street Address: _____ Phone: _____

Town – City: _____ State: _____ Zip: _____

First Penance: Church name: _____ Date: _____

Street Address: _____ Phone: _____

Town – City: _____ State: _____ Zip: _____

First Eucharist: Church name: _____ Date: _____

Street Address: _____ Phone: _____

Town – City: _____ State: _____ Zip: _____

Confirmation: Church name: _____ Date: _____

Street Address: _____ Phone: _____

Town – City: _____ State: _____ Zip: _____

The CCD Program is supported by a total parish effort and is serviced mainly by volunteers. Help and enthusiastic interest is always welcome. If you can help us with any of the special ministries noted below, please indicate by placing an X near that item. Catechist: _____ Substitute: _____ Clerical: _____ Music: _____ Monitor: _____ Plays: _____ Other (Please call me): _____. I am available: Bi-weekly: _____ Monthly: _____ Other: _____

TUITION: One Child \$35 _____; Two or more Children \$55 _____; Date Paid _____

I read and understand the material presented in the CCD Program.

Parents Signature: _____ Date: _____