

REGISTRATION FORM FOR CCD

New Student: YES NO

Registration Date: _____ School Grade: _____ School Year: _____

Complete Name of the Student: _____

Date of Birth: _____ City: _____ State: _____ Country: _____

Family Name (if different): _____ Home Phone: _____

Mailing Address: _____
City State Zip Code

Residence: _____
City State Zip Code

Mother's First Name and Maiden Name: _____ Cell Phone #: _____

Mother's Employer: _____ Work Phone #: _____

Father's Name: _____ Cell Phone #: _____

Father's Employer: _____ Work Phone #: _____

***Other Emergency Contact, Name & Phone, (mandatory): _____

Has your child been enrolled in our CCD program or a Catechism program before? YES NO

What grade was achieved? _____

Does your child have any special medical needs or learning disabilities that we need to know about? _____

Sacraments Received

****Students who were not baptized at OLPH must present a Baptismal Certificate before receiving the Sacrament.**

*Date of Baptism: _____ City: _____ State: _____ Country: _____

Church name: _____

*Date of First Confession: _____ City: _____ State: _____ Country: _____

Church name: _____
City State Zip Code Country

*Date of First Communion: _____ City: _____ State: _____ Country: _____

Church name: _____
City State Zip Code Country

OFFICE USE ONLY

Date Tuition Received: _____ Receipt # _____ Amount Received \$ _____ Check Cash

Payment Date: _____ \$ _____ Receipt # _____ Balance \$ _____

Payment Date: _____ \$ _____ Receipt # _____ Balance \$ _____

Information Received by: _____

