

Academic year: 20/21

CCD Registration Form

Student name: _____

Grade for CCD classes : _____ The child will attend, _____ Tue, _____ Wed

Address: _____

City and State: _____ Zip: _____

Mother name (Last, First): _____

Father name (Last, First): _____

Parent email: _____

Parent phone number: _____

Mother: _____

Father: _____

Allergies (if applicable) : _____

Emergency contact (if we can not get in contact with a parent)

Name (Last, First): _____

Relation to student: _____

Email: _____

Emergency contact phone number: _____

Date of Baptism: _____ Name of Church: _____ City: _____

Date of 1st Communion: _____ Name of Church: _____

City: _____

(Please provide certificate of baptism and communion if sacrament was not conducted at St. Hedwig's church)

Grade in School: _____ Name of School: _____

Attended religion classes Last Year at St. Hedwig's Parish? Yes ___ No ___

If not at St. Hedwig's Parish, Where? _____

Did not attend religion classes _____

Registration fee is \$80.00

Payment: Paid _____ Cash / Check (circle one) Amount due: _____

Date: _____