

EMAIL ADDRESS _____

Please attach copy of baptismal certificate if first time registration.

2010-2011 CCD REGISTRATION

Please print neatly and complete one form per child. Priority given to registered parishioners and in order of receipt.

Child's Last Name: _____ First Name: _____ Date of Birth: _____ Grade (fall 2010): _____

Street Address: _____ City: _____ State: _____ Zip: _____ Phone #: _____

Father's Last Name: _____ Father's First Name: _____ Father's Religion: _____

Mother's Last Name: _____ Mother's First Name: _____ Mother's Religion: _____

Father and Mother married to each other? _____ If no, child resides with: _____ Is there a custodial agreement regarding religious education? _____
Child's School: _____

Father's Work #: _____ Mother's Work #: _____ Emergency Contact during CCD: Name _____ # _____

SPECIAL NEEDS/CONSIDERATIONS:

Class Session (rank in order of preference with 1 being the most preferred)

Grade Level/Age	Sun. 10:15-11:30 am (starts 9/19)	Wed. 7:00-8:15 p.m (starts 9/15)
Kindergarten-8 th grade		
High School		
Catechesis of the Good Shepherd (ages 3-kindergarten age, potty trained)		

Sacraments received: Baptism Year: _____ Church: _____ 1st Penance Year: _____ Church: _____

1st Eucharist Year: _____ Church: _____ Confirmation Year: _____ Church: _____

I understand that if my child has made first Communion, s/he should be attending Mass every Sunday and on holy days of obligation.

MASS is even more important than CCD!

Mother's Signature: _____ Father's Signature: _____ I would like to volunteer; please call me: *yes/no*

Tuition: Single \$75.00; Two Children: \$110.00; Family (3+ Children) \$150.00 Your child will be registered upon payment of tuition. Assistance available.

Any questions? Please contact Susan Doyle, Director of Religious Education, bscc_dre@yahoo.com or (703)998.6100, x12.

OFFICE USE ONLY: Registered parishioners: *yes/no* Paid: *yes/no* MOP: _____ If check, # _____