



**FALL/WINTER/SPRING PROGRAM**

Entering Grade in CCD: \_\_\_\_\_ Birth date: \_\_\_\_\_

Full Name of Child: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Town Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\*\*\*\*\*PLEASE PRINT CLEARLY\*\*\*\*\*

Daytime Phone Contact in Case of CCD Class Cancellation: \_\_\_\_\_

Previously Attended CCD Grades: K 1 2 3 4 5 6 7 8 Parish: \_\_\_\_\_

Public School Entering in September 2024: \_\_\_\_\_ Grade \_\_\_\_\_

Known Allergies/Medical Condition: \_\_\_\_\_

Parish of Registration: Parish: \_\_\_\_\_  
Name

Parish Address: \_\_\_\_\_  
Street Town State Zip

**Family Information**

Mother's Name: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ DECEASED \_\_\_\_\_  
Last Name / First Name

Maiden Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Last Name / First Name

Religion: \_\_\_\_\_ DECEASED \_\_\_\_\_

Legal Guardian, if different from above:

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
Last Name / First Name

Maiden Name: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street Town State Zip

Child resides with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Stepmother \_\_\_\_\_ Stepfather  
\_\_\_\_\_ Other (Please specify): \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Health Information**

Does your child have learning needs?

Learning Disability – Classification: \_\_\_\_\_

Other – Please Explain: \_\_\_\_\_

If your child has any medical conditions, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Are there any other special instructions? (*i.e. dismissal, transportation, etc.*)

\_\_\_\_\_  
\_\_\_\_\_

Are there any custodial issues? If yes, please explain:

YES  NO

\_\_\_\_\_  
\_\_\_\_\_

**Promotional Release**

I also consent to the use of any videotapes and/or photographs in which my child may appear by the Diocese of Trenton and/or the parish. I understand that these materials are being used for promotion of the parish Religious Education programs and/or activities, which may include recruitment and fundraising efforts.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SACRAMENTAL RECORD**

**\*\*\*\*\* PLEASE ATTACH COPY OF BAPTISMAL CERTIFICATE \*\*\*\*\***

	<b>Date</b>	<b>Church</b>	<b>Location</b>
Baptism	_____	_____	_____
First Reconciliation	_____	_____	_____
First Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

*Other:* \_\_\_\_\_ **Baptized in another denomination**  
\_\_\_\_\_ **Profession of Faith**  
\_\_\_\_\_ **Full Initiation (baptized after age 7)**

Date \_\_\_\_\_ Parish \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Our tuition for 2024/2025 CCD year will be \$90 per child/maximum \$210 for 3 or more**

**\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\***

AMOUNT PAID: \_\_\_\_\_ CHECK #: \_\_\_\_\_ CASH: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

Other Family Members in CCD: \_\_\_\_\_ Grade: \_\_\_\_\_

Other Family Members in CCD: \_\_\_\_\_ Grade: \_\_\_\_\_