



FALL PROGRAM

SUMMER 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): _____

PLEASE COMPLETE BACK OF FORM

In Case of Emergency Contact: _____

Relationship: _____ **Telephone:** _____

Alternate 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:** _____

Our tuition for 2024/2025 CCD year will be:

FALL PROGRAM \$90 per child/maximum \$210 for 3 or more

SUMMER PROGRAM \$100 per child

PLEASE RETURN FORM AND FEE TO OUR OFFICE BY: MARCH 15, 2024

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

AMOUNT PAID: _____ **CHECK #:** _____ **CASH:** _____ **DATE RECEIVED:** _____

Other Family Members in CCD: _____ **Grade:** _____

Other Family Members in CCD: _____ **Grade:** _____

Other Family Members in CCD: _____ **Grade:** _____