



FALL 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: 1 2 3 4 5 6 7 8 Parish: \_\_\_\_\_

Public School Entering in September 2020: \_\_\_\_\_ 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 than 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 \*\*\*\*\***

|                      | Date  | Church | Location |
|----------------------|-------|--------|----------|
| 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 2020/2021 CCD year will be \$85 per child/maximum of \$185 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: \_\_\_\_\_