

## ST. MARY'S-KICKAPOO CCD REGISTRATION 2018-2019

*(Please complete/correct ALL AREAS and PLEASE PRINT)*

Family Envelope # \_\_\_\_\_  
CCD Grade 2018-19 \_\_\_\_\_

**Student**

Name—First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: IL Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_ School: \_\_\_\_\_ School Grade: \_\_\_\_\_

Last CCD Class Attended/Church/City/State: \_\_\_\_\_ M F (circle one)

Disabilities/medical concerns: \_\_\_\_\_

(ADD, ADHD, OCD, Asthma, Allergies, Seizures, etc.)

Lives with \_\_\_\_\_ Family e-mail address: \_\_\_\_\_

**Sacramental Information:**

Baptism— Date: \_\_\_\_\_ Church: \_\_\_\_\_ Certificate on File? \_\_\_\_\_

1<sup>st</sup> Penance— Date: \_\_\_\_\_ Church: \_\_\_\_\_

1<sup>st</sup> Communion—Date: \_\_\_\_\_ Church: \_\_\_\_\_

**Father:**

Name: \_\_\_\_\_ Occupation/Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Religion: \_\_\_\_\_ Practicing? Yes No

Address/Phone if different from above: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Email: \_\_\_\_\_

**Mother:**

Name: \_\_\_\_\_ Maiden: \_\_\_\_\_ Occupation/Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Religion: \_\_\_\_\_ Practicing? Yes No

Address/Phone if different from above: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact -- please list someone other than those living in your household**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*(Required)*

2018-19 Fees: 1 child	\$30.00	Three children	\$70.00
2 children	\$50.00	Four children	\$90.00
<b>Sacramental Fee</b>	<b>\$20.00</b>	Each add'l children	\$10.00

**2019 - 1<sup>st</sup> Penance/Communion & Confirmation**

**FOR OFFICE USE ONLY:**

Registration Date: \_\_\_\_\_ Registration Fee: \$ \_\_\_\_\_ Sacramental Fee: \$ \_\_\_\_\_

Total Paid: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \$ \_\_\_\_\_