

ST. MARY'S-KICKAPOO CCD REGISTRATION 2019-2020

(Please complete/correct ALL AREAS and PLEASE PRINT)

Family Envelope # _____
CCD Grade 2019-2020 _____

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? _____
 1st Penance— Date: _____ Church: _____
 1st 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)

2019-2020 Fees:	1 child	\$30.00	Three children	\$70.00
	2 children	\$50.00	Four children	\$90.00
	Sacramental Fee	\$20.00	Each add'l children	\$10.00

2020 - 1st Penance/Communion & Confirmation

FOR OFFICE USE ONLY:

Registration Date: _____ Registration Fee: \$ _____ Sacramental Fee: \$ _____
 Total Paid: \$ _____ Check # _____ Cash \$ _____