

**ST. MARY'S CCD  
REGISTRATION FORM**

\_\_\_\_\_  
FAMILY NAME FATHER'S NAME MOTHER'S NAME

ADDRESS: \_\_\_\_\_  
Street/Route/Box City State Zip HOME Phone #

EMAIL: \_\_\_\_\_ WORK or CELL Phone # \_\_\_\_\_

\_\_\_\_\_ Check if you would be willing to substitute or help in the classroom or hallways.

<u>GRADE</u>	<u>CHILD'S NAME</u>	<u>GRADE</u>	<u>CHILD'S NAME</u>
GRADE 1	_____	GRADE 7	_____
GRADE 2	_____	GRADE 8	_____
<i>*First Communion</i>		<i>*Confirmation</i>	
GRADE 3	_____	GRADE 9	_____
GRADE 4	_____	GRADE 10	_____
GRADE 5	_____	GRADE 11	_____
GRADE 6	_____	GRADE 12	_____

FEE: \$20 per child (1-2) or \$50 per family (3 & above) TOTAL FEE and METHOD OF PAYMENT \_\_\_\_\_

**"As a Catholic parent I understand that I have a duty and responsibility in passing on the Catholic faith to my children. I take seriously this responsibility and intend to the best of my ability to work with and support my children in learning their Catholic faith."**

\_\_\_\_\_  
Parent signature (optional) Parent signature (optional)

\*\*\*I give permission for my child's photos, videos or other media to be placed on the St. Mary's School / Parish web site. Yes \_\_\_ No \_\_\_