

# CCD FAMILY REGISTRATION FORM 20\_\_\_\_ - 20\_\_\_\_

Parish where the family is registered \_\_\_\_\_

Please check if you can help as a : Teacher \_\_\_\_\_ Substitute \_\_\_\_\_ Aide \_\_\_\_\_ Other help where needed \_\_\_\_\_

We have children attending: Both campuses \_\_\_\_\_ Only at St. Joseph \_\_\_\_\_ Only at St. Mary \_\_\_\_\_

1 child = \$70.00		Office use _____
2 children = \$120.00		
3 or more = \$150.00		D _____ C _____

**(Full payment is due at time of registration unless other arrangements are made with the catechetical leader)**

Please list oldest child first.	Current Grade	Public school
Child's Name	in school	attending
Last _____ First _____ Middle _____		

Child/ren's Home address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Parents' Work phone \_\_\_\_\_ Relative's phone \_\_\_\_\_ ( name of relative )

Father's name \_\_\_\_\_ (first) (middle) (last) Father's religion \_\_\_\_\_

Mother's name \_\_\_\_\_ (first) (middle) (maiden) (last) Mother's religion \_\_\_\_\_

(Please supply the name and address of other parent in the case of children **NOT** living with both parents)

Name : \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell \_\_\_\_\_

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Please check all that apply for your children this current school year and supply the additional information.

- 1. \_\_\_\_\_ new to the program in Tiffin
- 2. \_\_\_\_\_ receiving 1<sup>st</sup> penance and 1<sup>st</sup> communion
- 3. \_\_\_\_\_ receiving Confirmation

1.) Child's full name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Church where Baptized \_\_\_\_\_ Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Church of First Communion \_\_\_\_\_ Date \_\_\_\_\_