## CCD / CONFIRMATION REGISTRATION FORM 2017 - 2018

Child's <u>Full</u> Baptismal Name:					
Name Called By:					
Address (Residence):					
Town:		ZIP:			
Mailing Address:	Town:	ZIP:			
E-Mail Address:					
DOES YOUR CHILD HAVE ANY F	FOOD ALLERGIES? IF YE	S, WHAT?			
Child's Birthdate (mm/dd/year)	Chi	Child's Age as of September, 2017:			
School:		Grade:			
Last CCD Year Completed:	Year:Parish:				
Parents' First and Last Names: (If si	ingle-parent household, need only	complete the name of the parent with whom child resides).			
Father:	Mother:				
Additional Contact Information (If N		one to call (cell / neighbor, if no answer at home)			
ъ					
Parish Baptism:	<u>City/State</u>	<u>Date (mm/dd/year)</u>			
First Reconciliation:					
First Eucharist:					

FOR NEW STUDENTS ONLY - PLEASE PROVIDE A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE AND (IF APPLICABLE) FIRST COMMUNION CERTIFICATE

REGISTRATION FEES (Please make check out to Our Lady of Perpetual Help Parish.

CCD:

\$50.00 - 1 CHILD \$90.00 - 2 CHILDREN \$120.00 - 3 OR MORE CHILDREN CONFIRMATION (2-YEAR PROGRAM): \$75.00 PER YEAR