

**CCD / CONFIRMATION REGISTRATION FORM
2018 - 2019**

Child's Full Baptismal Name: _____

Name Called By: _____ CCD Grade: _____

Address (Residence): _____ Phone: _____

Town: _____ ZIP: _____

Mailing Address: _____ Town: _____ ZIP: _____

E-Mail Address: _____

DOES YOUR CHILD HAVE ANY FOOD ALLERGIES? IF YES, WHAT? _____

Child's Birthdate (mm/dd/year) _____ Child's Age as of September, 2018: _____

School: _____ Grade: _____

Last CCD Year Completed: _____ Year: _____ Parish: _____

Parents' First and Last Names: (If single-parent household, need only complete the name of the parent with whom child resides).

Father: _____ Mother: _____

Additional Contact Information (If Needed): _____ Phone to call (cell / neighbor, if no answer at home)

SACRAMENTS RECEIVED

Parish

City/State

Date (mm/dd/year)

Baptism: _____

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

