



CCD / P.R.E.P Registration Form  
 2008-2009 Fee \$40. per child (registered active parishioners)

NAME OF CHILD \_\_\_\_\_  
 LAST FIRST Middle name

ADDRESS \_\_\_\_\_  
 STREET ADDRESS CITY ZIP

HOME PHONE (732) \_\_\_\_\_ emergency phone: ( ) \_\_\_\_\_ e-mail: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ his religion: \_\_\_\_\_  
 first + last

MOTHER'S NAME: \_\_\_\_\_ her religion: \_\_\_\_\_  
 first + last

MOTHER'S MAIDEN NAME: \_\_\_\_\_

CHILD'S BIRTH PLACE: \_\_\_\_\_  
 city + state

CHILD'S BIRTH DATE: \_\_\_\_\_

A COPY OF CHILD'S BIRTH AND BAPTISMAL CERTIFICATES MUST BE ATTACHED AT TIME OF REGISTRATION.

CHURCH OF CHILD'S BAPTISM: \_\_\_\_\_  
 \_\_\_\_\_  
 city + state

CHILD'S BAPTISMAL DATE: \_\_\_\_\_

SCHOOL CHILD IS ATTENDING: \_\_\_\_\_  
 \_\_\_\_\_  
 CITY OF SCHOOL

School GRADE CHILD ENTERS IN SEPT. 2008 \_\_\_\_\_ CCD/PREP GRADE TO ATTEND 2008 \_\_\_\_\_

HAS YOUR CHILD ATTENDED CCD CLASSES AT ST. MARY'S BEFORE? \_\_\_\_\_ IF SO, FOR WHAT GRADES? \_\_\_\_\_

PLEASE NOTE ANY MEDICAL CONDITIONS OR SPECIAL ISSUES YOUR CHILD MAY HAVE.  
 ALL INFORMATION WILL BE KEPT CONFIDENTIAL.  
 \_\_\_\_\_  
 \_\_\_\_\_

**SACRAMENTS RECEIVED:**

PENANCE: DATE RECEIVED: \_\_\_\_\_ CHURCH \_\_\_\_\_  
 \_\_\_\_\_  
 city + state

COMMUNION: DATE RECEIVED: \_\_\_\_\_ CHURCH \_\_\_\_\_  
 \_\_\_\_\_  
 city + state

Registered Parish Family \_\_\_\_\_  
 env# \_\_\_\_\_  
 \$40 per child

Unregistered Parish Family \_\_\_\_\_  
 (no envelope)  
 \$50 per child