

**ST. MARGARET MARY RELIGIOUS EDUCATION
CCD REGISTRATION FORM - 2015-2016
FOR NEW STUDENTS:
ATTACH A COPY OF CHILD'S BAPTISM CERTIFICATE**

FAMILY NAME:

ADDRESS:

HOME PHONE:

FATHER CELL:

MOTHER CELL:

EMAIL:

Are you registered parishioners of St. Margaret Mary Parish?

YES

NO

Are you a new family to St. Margaret Mary CCD?

YES

NO

I will volunteer!

☐ **Catechist**
☐ **Substitute**
☐ **Hall Monitor**

☐ **Classroom Aide**
☐ **Receptionist**

☐ **Confirmation Parent-Helper**
(8th grade parents needed to chaperone, drive, etc.)

FATHER/GUARDIAN (*circle*) FATHER- GRANDPARENT-STEPFATHER-MARRIED-SEPARATED-DIVORCED-REMARRIED-SINGLE

LAST NAME _____ FIRST _____

OCCUPATION _____ RELIGION _____

MOTHER/GUARDIAN (*circle*) MOTHER-GRANDPARENT-STEPMOTHER-MARRIED-SEPARATED-DIVORCED-REMARRIED-SINGLE

MAIDEN NAME _____ FIRST _____

OCCUPATION _____ RELIGION _____

I have attached legal documentation regarding custody circumstances: YES N.A.

Turn form and check in to THE CCD OFFICE. Building is open from 6:30 am—5:30 pm, M-F.

Slide form under office door if necessary. Make check out to St. Margaret Mary CCD.

- ⇒ \$50.00 till June 1
- ⇒ \$75.00 from June 2—June 15
- ⇒ \$100.00 after June 15

(Each additional child is \$20.00 regardless of date registered. Scholarships always available for financial need.)

[FOR OFFICE USE ONLY: Date received: _____ Amount received: _____]

EMERGENCY CONTACT (other than parent)

PHONE

CLASS DAYS AND TIMES

GRADES 1-7

Mon, 4:15-5:30 pm

Mon, 6:15-7:30 pm

Tues, 4:15-5:30 pm

CONFIRMATION

Wed only, 7:00-8:30 pm

HOME SCHOOL

Grades 1, 3, 4, 5, 6, 7 (Not during sacramental years)

Student Name _____

(circle one) Male Female

Birthday (mm/dd/year) _____

School Attending _____

School Grade (Fall 2015) _____

Learning Needs/Health Concerns _____

SACRAMENTS

Date Rcvd.

Place

City/State

Baptism

Reconciliation

Eucharist

Birth Father _____

Birth Mother (maiden name) _____

1st choice- Grade _____ Day _____ Time _____

2nd choice- Grade _____ Day _____ Time _____

Student Name _____

(circle one) Male Female

Birthday (mm/dd/year) _____

School Attending _____

School Grade (Fall 2015) _____

Learning Needs/Health Concerns _____

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