

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.
 Child's Name _____ Grade in school 08-09 _____ Public school attending 08-09 _____

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 1st penance and 1st communion
- 3. ____ receiving Confirmation

1.) Child's full name _____ Date of Birth _____

Church where Baptized _____ Date _____

City _____ State _____

Church of First Communion _____ Date _____