

**CCD REGISTRATION FORM**  
**Grades 1-8**

Parent's/Guardian's name \_\_\_\_\_  
Mothers Maiden name \_\_\_\_\_ (need for sacraments)  
Phone \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Parent email address \_\_\_\_\_  
Please note if you do not wish to receive email notices \_\_\_\_\_

If your child was **NOT** baptized at St. Joseph's, and if you have not already given us a copy of their baptismal certificate, we **need to have a copy of your child's baptismal certificate** for our parish records. A photocopy is acceptable.

**Grades 1 – 8 Fees: First child \$100.00 and \$85.00 each additional child. Must be paid at time of registration or make arrangements with the Director of CCD.**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Fee: \$100.00  
Public School Attending \_\_\_\_\_ Grade \_\_\_\_ M \_\_ F \_\_  
Date of Baptism \_\_\_\_\_ Parish of Baptism \_\_\_\_\_ City of Baptism \_\_\_\_\_  
Has your child received 1st Reconciliation/1stCommunion \_\_\_\_ Yes \_\_\_\_ No

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Fee: \$85.00  
Public School Attending \_\_\_\_\_ Grade \_\_\_\_ M \_\_ F \_\_  
Date of Baptism \_\_\_\_\_ Parish of Baptism \_\_\_\_\_ City of Baptism \_\_\_\_\_  
Has your child received 1st Reconciliation/1stCommunion \_\_\_\_ Yes \_\_\_\_ No

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Fee: \$85.00  
Public School Attending \_\_\_\_\_ Grade \_\_\_\_ M \_\_ F \_\_  
Date of Baptism \_\_\_\_\_ Parish of Baptism \_\_\_\_\_ City of Baptism \_\_\_\_\_  
Has your child received 1st Reconciliation/1stCommunion \_\_\_\_ Yes \_\_\_\_ No

Parent signature \_\_\_\_\_ Fee Total \_\_\_\_\_  
07-01-2018