

FAMILY LAST NAME _____

Saint Mary's ANNUAL CCD Registration

(412.221.0595 CCD Office)

\$25 PER CHILD

PLEASE MAKE CHECKS PAYABLE TO: **SAINT MARY'S CCD** & return to CCD - or - mail to: **SAINT MARY CCD, 19 CECIL ELEMENTARY DR., CECIL, PA 15321**

*******THIS IS YOUR CHILD'S ANNUAL PERMANENT RECORD. PLEASE PRINT CLEARLY.*******

Address _____
 _____ (Street) _____ (City) _____ (Zip Code)
 Home Telephone Number: (____) _____ - _____ (Below, please circle who uses the cell phone number listed)
 Cell Phone Numbers:(____) _____ - _____ (mom/dad/child?) Cell Phone Numbers:(____) _____ - _____ (mom/dad/child?)
 Cell Phone Numbers:(____) _____ - _____ (mom/dad/child?) Cell Phone Numbers:(____) _____ - _____ (mom/dad/child?)
E-mail: _____ Please supply an email address as most correspondence (CCD updates, CCD cancellations, etc.) will be emailed to you.
 Is this a new or changed address/telephone number/email from last year's registration? _____ Yes _____ No
 Are you a registered member of Saint Mary's Parish? _____ Yes _____ No
 (If no, name/address of your parish _____)

Father's Name _____ Religion _____ Work Telephone # (____) _____ - _____
 _____ (First) _____ (Last) Occupation _____
 Address and Home Telephone (if different from above) _____ Home (____) _____ - _____
Mother's Name _____ Religion _____ Work Telephone # (____) _____ - _____
 _____ (First) _____ (Maiden) _____ (Last) Occupation _____
 Address and Home Telephone (if different from above) _____ Home (____) _____ - _____
 Please list a medical emergency number of someone who can look after your child if you cannot be reached:
 Name Telephone Cell Relationship to student
 _____ (____) _____ - _____ (____) _____ - _____ _____

Students must register annually. PLEASE COMPLETE A SECTION FOR EACH OF YOUR CHILDREN

If you have more than two children, please use an extra sheet of paper.

NOTE: LIST YOUR CHILD'S SCHOOL AND GRADE FOR NEXT YEAR (2017-2018)

If this is your child's first time registering at Saint Mary's, please submit a copy of his/her Baptismal certificate.

Student _____ Birthdate _____ Age _____
 _____ (First) _____ (Middle) _____ (Last) Male Female
 Address (if different from above) _____
 School Attending _____ Grade _____ (2017-2018 school year)
 Special medical or learning information? _____
 Please check the Sacraments that your child has received. **If this is your child's first time registering, please supply dates and locations.**
 Baptism _____ Penance _____ Eucharist _____ Confirmation _____
 Student _____ Birthdate _____ Age _____
 _____ (First) _____ (Middle) _____ (Last) Male Female
 Address (if different from above) _____

School Attending _____ Grade _____ (2017-2018 school year)
 Special medical or learning information? _____
 Please check the Sacraments that your child has received. **If this is your child's first time registering, please supply dates and locations.**
 Baptism _____ Penance _____ Eucharist _____ Confirmation _____

Who is responsible for religious education? Both parents _____ Mother _____ Father _____ Other _____
 Other information you wish to share: _____

Sometimes, we will take photos for projects, website, bulletins, etc. If you do not wish to have your child's photograph taken, please check here

Please also complete the CCD Rules and Regulations form.