

2016-2017 CCD REGISTRATION FORM

Please print neatly and include all information



Today's Date: ___/___/___

Child's Name: _____ Date of Birth: ___/___/___ M: ___ F: ___
Last First

Address: _____ Apt: _____ City: _____ Zip: _____

Email Address: _____ Best Number during class hours: _____

Telephone: Home: _____ Work: _____ Cell: _____

Father's Name: _____ Religion: _____

Mother's Name: _____ Religion: _____

EMERGENCY CONTACT: _____ Telephone: _____
(other than parents)

Special circumstances, learning or medical conditions: _____

**For first time registrants/new students a copy of Baptismal Certificate is required at time of registration.
REGISTRATIONS WILL NOT BE ACCEPTED WITHOUT THE PROPER DOCUMENTATION**

Public School now attending: _____ Grade level in September 2016: _____

CCD level in September 2016: _____

If transferring from another CCD program please fill out line below:

Church: _____ Address: _____ City: _____ State: ___ Zip: _____

PLEASE CHECK PREFERRED SESSION

- | | | | |
|-----|-----------|----------------------|------------------------------|
| ___ | WEDNESDAY | Grades 1 thru 5 only | 2:00PM-3:45PM |
| ___ | WEDNESDAY | Grades 1 thru 8 only | 4:45PM-6:15PM |
| ___ | SUNDAY | Grades 1 thru 8 | 8:45AM-11:30AM includes mass |

*****ANY REGISTRATION FORM RECEIVED AFTER AUGUST 15, 2016**

CANNOT GUARANTEE YOUR CHOICE OF SESSION***

A LATE FEE (\$15.00 FOR PARISH SUPPORTER AND \$25.00 FOR NON PARISH) WILL ALSO BE CHARGED

Completed forms with payment can be returned to the CCD office (2nd floor in elementary school) or to the CCD mailbox at the Rectory. Please make sure to get a receipt for all payments made.

Signature of parent/guardian: _____

If you any questions concerning the CCD program please call 718-324-0865

Schedule of Fees

CCD is a tuition based program complemented by the Offertory collection. Parishioners who faithfully contribute through the Envelope System or Parish Pay use the rate in the right column. If you do not use the Offertory Envelope use the rate in the left column.

First Communion and Confirmation fees apply to those particular students.

CATEGORIES:

Please mark supporter or non-supporter. Please include envelope number if marking supporter.	Non-Parish _____	Parish Supporter _____ Envelope # _____
1 Child	\$220	\$120
2 Children	\$295	\$200
3 Children	\$365	\$260
4 Children	\$520	\$320
First Communion Fee	\$25	\$25
Confirmation Fee	\$75	\$75
Late Fee	\$25	\$15
	Total: _____	Total: _____

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FOR CCD OFFICE USE ONLY

This application and fees were accepted by _____

Date: ____/____/2016 Cash: _____ Check: ____ Check#: _____ Receipt# _____

Name of siblings in program: _____

Notes: _____

