

# Immaculate Conception Church

Confraternity of Christian Doctrine

CCD REGISTRATION FORM

2020-2021

Parish: \_\_\_\_\_

Student Name: \_\_\_\_\_  
(first, middle & last)

Father's Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_  
(first & maiden last name)

Home Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Secondary Contact #: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Second contact is in case of an emergency we couldn't reach anyone at the first #)

Church Registered in: \_\_\_\_\_ (Do you receive offertory envelopes?)

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_  
(Church name, town/city & state)

Date of Baptism: \_\_\_\_\_

My child has received the following Sacraments:

\_\_\_\_\_ Baptism

\_\_\_\_\_ First Penance

\_\_\_\_\_ First Communion

\_\_\_\_\_ Confirmation

CCD Fee Schedule

Amount Included: \_\_\_\_\_

*First child - \$20.00*

*Each additional child - \$5.00 each*

Please make checks payable to your home Parish and return the fee with this registration form to your child's teacher by the due date.

Office use only: Ck# \_\_\_\_\_ Cash \_\_\_\_\_