

St. Luke 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 _____