

**Registration Fee  
\$75.00 per Family**

**St. Christopher Catholic Church  
Religious Education Class Form  
2017 - 2018 School Year**

*Please Print. Use a separate form for each child.*



Student's Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student has the following health issues / allergies: \_\_\_\_\_

**In case of emergency**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Sacraments Received**

Baptism:  Yes  No

Church: \_\_\_\_\_ City, State: \_\_\_\_\_

First Communion:  Yes  No

Church: \_\_\_\_\_ City, State: \_\_\_\_\_

Reconciliation:  Yes  No

Church: \_\_\_\_\_ City, State: \_\_\_\_\_

**Family Information**

**Number of Children in the family registering for CCD:**

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student lives with:  Father  Mother  Grandparent  Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**OFFICE USE ONLY:**

Baptismal Certificate on File: \_\_\_\_\_ First Communion Certificate on File: \_\_\_\_\_

Date Registration Fee Received: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  Cash  Check (# \_\_\_\_\_)

Entered into the computer, Date: \_\_\_\_\_ By: \_\_\_\_\_

**Family  
Parish ID #**

**FAMILY  
LAST NAME:**