

**Registration Fee
\$75.00 per Family**

**St. Christopher Catholic Church
Religious Education Class Form
2025 - 2026 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: _____

Sacraments Received *(If you are new to the program, please submit certificates for each Sacrament 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: _____

In case of emergency

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Family
Parish ID #

FAMILY
LAST NAME:

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: _____