

**Registration Fee
\$75.00 per Family**

**St. Christopher Catholic Church
Religious Education Class Form
2024 - 2025 School Year**

Please Print. Use a separate form for each child.



Student's Full 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: _____

**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:** _____