

<u>Office use only:</u> New/grade _____ Returning/grade _____ 1 <sup>st</sup> year Sac _____ Prep/grade _____ Sacramental prep _____ Catechist family _____ FHC _____ Confirmation _____
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**St. Rose of Lima Parish**  
**CCD REGISTRATION 2017-2018**

*(Please Print Clearly)*

Family Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Religion: \_\_\_\_\_

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

(Fill out address below if not the same as above)

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

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Religion: \_\_\_\_\_

Are you registered at St. Rose of Lima Church? YES \_\_\_ NO \_\_\_

Student Information

Child's Name:

\_\_\_\_\_

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

Current School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

What is your child's grade in Religious Education? \_\_\_\_\_

Baptism

Church: \_\_\_\_\_ Date: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Copy received: Yes \_\_\_\_\_ Pending \_\_\_\_\_

First Holy Communion:

Church: \_\_\_\_\_ Date: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Copy received: Yes \_\_\_\_\_ Pending \_\_\_\_\_

*(Sacrament of the Eucharist program is a two year program)*

Confirmation:

How many years has your child been in the Religious Education Program? \_\_\_\_

*(Confirmation program is a two year program)*

Are there any health concerns (needs special accommodations):

Allergies: \_\_\_\_\_

Health: \_\_\_\_\_

Learning: \_\_\_\_\_

St. Rose of Lima Religious Ed has the Permission to post photos of my son(s)/daughter(s) in their media & website: Yes or No

2<sup>nd</sup> Student Information

Child's Name:

\_\_\_\_\_

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

Current School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

What is your child's grade in Religious Education? \_\_\_\_\_

Baptism

Church: \_\_\_\_\_ Date: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Copy received: Yes \_\_\_\_\_ Pending \_\_\_\_\_

First Holy Communion:

Church: \_\_\_\_\_ Date: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Copy received: Yes \_\_\_\_\_ Pending \_\_\_\_\_

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Health: \_\_\_\_\_

Learning: \_\_\_\_\_

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3<sup>rd</sup> Student Information

Child's Name:

\_\_\_\_\_

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

Current School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

What is your child's grade in Religious Education? \_\_\_\_\_

Baptism

Church: \_\_\_\_\_ Date: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Copy received: Yes \_\_\_\_\_ Pending \_\_\_\_\_

First Holy Communion:

Church: \_\_\_\_\_ Date: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Copy received: Yes \_\_\_\_\_ Pending \_\_\_\_\_

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Child's Name:

\_\_\_\_\_

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

Current School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

What is your child's grade in Religious Education? \_\_\_\_\_

Baptism

Church: \_\_\_\_\_ Date: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Copy received: Yes \_\_\_\_\_ Pending \_\_\_\_\_

First Holy Communion:

Church: \_\_\_\_\_ Date: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Copy received: Yes \_\_\_\_\_ Pending \_\_\_\_\_

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Health: \_\_\_\_\_

Learning: \_\_\_\_\_

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Emergency Information

In case of an emergency, please call:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Registration Fees 2017- 2018

1 Child \$ 135.00

Each additional child \$ 50.00

Sacramental fee for: Reconciliation, First Holy Communion and  
Confirmation  
\$ 20.00

Child/Children Registered

Name	CCD Grade	Fee
1. _____		\$135.00
2. _____		\$ 50.00
3. _____		\$ 50.00
4. _____		\$ 50.00
Sacramental fee: \$20.00 x _____ = _____		\$ _____
		Total \$ _____

Paid in Full: Cash \_\_\_\_\_ / Check \_\_\_\_\_ / Credit card \_\_\_\_\_

Balance due: Cash \_\_\_\_\_ / Check \_\_\_\_\_ / Credit card \_\_\_\_\_

Check #: \_\_\_\_\_ Transaction by: \_\_\_\_\_

*\*All Fees are Due by February 2018\**

Parent signature \_\_\_\_\_