

**Registration Fee  
\$75.00 per Family**

**St. Christopher Catholic Church  
Religious Education Class Form  
2016 - 2017 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: \_\_\_\_\_

**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: \_\_\_\_\_