

**2024 - 2025 Saint David Catholic Church
CCD Registration**

First Class Date to be determined. Please monitor CCD Web Site or voicemail.

PLEASE PRINT LEDGIBLE: This form cannot be processed, unless all information is provided and payment is enclosed.

Today's Date: _____

SAINT DAVID C.C.D. OFFICE - 954-475-1521
SAINT DAVID CHURCH OFFICE - 954-475-8046

Family Last Name (with whom student lives): _____

First and Last Names of Children Registering for CCD:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

Street Address _____ City _____ Zip _____

Home Number _____

Email address: _____

Parent/Guardian

<p>Mother/Guardian Full Name: _____</p> <p>Relationship to Child: _____</p> <p>Occupation: _____</p> <p>Cell Phone: _ (_____) _____</p> <p>Work Phone: _ (_____) _____</p> <p>E-mail Address: _____</p> <p>Religion: _____ Marital Status: _____</p>	<p>Father/Guardian Name: _____</p> <p>Relationship to Child: _____</p> <p>Occupation: _____</p> <p>Cell Phone: (_____) _____</p> <p>Work Phone: (_____) _____</p> <p>E-mail Address: _____</p> <p>Religion: _____ Marital Status: _____</p>
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I, _____, am interested in being considered as a Religious Education volunteer for: Teacher ___ Aide ___ Other: ___

<p><u>Tuition and Fees (per year)</u></p> <p>One Child: _____</p> <p>Two Children: _____</p> <p>Three or more Children: _____</p> <p>\$30.00 Communion Fee: _____</p> <p>**\$80 Confirmation Fee: _____</p> <p>**Includes robe fee</p>	<p align="center"><u>Office Use Only</u></p> <p>Number of Children enrolled: _____</p> <p>Tuition\$: _____ AMT Paid: _____</p> <p>Sacrament Fees \$: _____</p> <p>Amount Due: _____</p> <p>Check#: _____ Cash: _____</p> <p>Initials: _____</p>
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STUDENT INFORMATION
FIRST STUDENT REGISTRATION FEE - \$ 180.00

CHILD'S NAME: _____ SEX: _____

CCD SESSION: TUESDAY **(CIRCLE ONE)** 3:30 - 4:30pm (K-4) OR 6:30 - 7:30pm (K-8)

UPCOMING SCHOOL GRADE: _____ CCD GRADE: _____ **(OFFICE USE ONLY)**

BIRTH DATE: ____/____/____ BAPTIZED CATHOLIC: YES NO **(CIRCLE ONE)**

A COPY OF THE CHILD'S BAPTISMAL CERTIFICATE ATTACHED IS MANDATORY

DATE OF BAPTISM ____/____/____ NAME AND ADDRESS OF CHURCH _____

HAS THIS CHILD RECEIVED FIRST PENANCE? YES NO **(CIRCLE ONE)**

DATE: ____/____/____ NAME OF CHURCH _____

HAS THIS CHILD RECEIVED FIRST COMMUNION? YES NO **(CIRCLE ONE) PLEASE ATTACH CERTIFICATE**

DATE: ____/____/____ NAME OF CHURCH _____

ANY HEALTH PROBLEMS: _____ ANY LEARNING PROBLEMS: _____

SECOND CHILD - \$105.00

CHILD'S NAME: _____ SEX: _____

CCD SESSION: TUESDAY **(CIRCLE ONE)** 3:30 - 4:30pm (K-4) OR 6:30 - 7:30pm (K-8)

UPCOMING SCHOOL GRADE: _____ CCD GRADE: _____ **(OFFICE USE ONLY)**

BIRTH DATE: ____/____/____ BAPTIZED CATHOLIC: YES NO **(CIRCLE ONE)**

A COPY OF THE CHILD'S BAPTISMAL CERTIFICATE ATTACHED IS MANDATORY

DATE OF BAPTISM ____/____/____ NAME AND ADDRESS OF CHURCH _____

HAS THIS CHILD RECEIVED FIRST PENANCE? YES NO **(CIRCLE ONE)**

DATE: ____/____/____ NAME OF CHURCH _____

HAS THIS CHILD RECEIVED FIRST COMMUNION? YES NO **(CIRCLE ONE) PLEASE ATTACH CERTIFICATE**

DATE: ____/____/____ NAME OF CHURCH _____

ANY HEALTH PROBLEMS: _____ ANY LEARNING PROBLEMS: _____

THIRD CHILD - \$105.00

CHILD'S NAME: _____ SEX: _____

CCD SESSION: TUESDAY **(CIRCLE ONE)** 3:30 - 4:30pm (K-4) OR 6:30 - 7:30pm (K-8)

UPCOMING SCHOOL GRADE: _____ CCD GRADE: _____ **(OFFICE USE ONLY)**

BIRTH DATE: ____/____/____ BAPTIZED CATHOLIC: YES NO **(CIRCLE ONE)**

A COPY OF THE CHILD'S BAPTISMAL CERTIFICATE ATTACHED IS MANDATORY

DATE OF BAPTISM ____/____/____ NAME AND ADDRESS OF CHURCH _____

HAS THIS CHILD RECEIVED FIRST PENANCE? YES NO **(CIRCLE ONE)**

DATE: ____/____/____ NAME OF CHURCH _____

HAS THIS CHILD RECEIVED FIRST COMMUNION? YES NO **(CIRCLE ONE) PLEASE ATTACH CERTIFICATE**

DATE: ____/____/____ NAME OF CHURCH _____

ANY HEALTH PROBLEMS: _____ ANY LEARNING PROBLEMS: _____

STUDENT HEALTH EMERGENCY INFORMATION

EMERGENCY CONTACT: (Please write other than parent/guardian names as Emergency Contact)

1. _____ CELL: _____ HOME: _____
2. _____ CELL: _____ HOME: _____
3. _____ CELL: _____ HOME: _____

Indicate Special Health Concerns: _____

Physician: _____ Phone: (____) _____
Hospital of Choice: _____ Phone: (____) _____
Address: _____

I, the undersigned, do hereby authorize officials of Saint David Religious Education Department to contact directly the person named on this form and do authorize the named physician or his/her designee to render such treatment as may be deemed necessary in an emergency, for the health of said student. In the event that physicians or other person listed on this form cannot be contacted, the Religious Education Department officials are hereby authorized to take whatever action deemed necessary in their judgment for the health of the aforesaid student. I will not hold Saint David Catholic Church financially responsible for the emergency care and/or transportation for said students.

I and my student have reviewed, read and gone onto the Saint David CCD web page to read the handbook. I, as parent/guardian, and my student agree to abide by the rules and regulations of Saint David Church Religious Education Program.

Parent/Guardian Signature: _____ **Date:** _____