St. Francis de Sales Catholic Church - CCD Registration

587 Landers Drive , Mableton, GA 30126 **Term:** 2026-2027 CCD

FAMILY INFORMATION

Family Last Name: _____ **Date:** _____

Father: _____ Father's Email: _____

Mother: _____ Mother's Email: _____

Mother's Maiden: _____ **Emergency Contact:** _____

Home Phone: _____ Emergency Phone: _____

Home Address: _____

City, St, Postal: _____

Father's Cell / Work: _____ Father Religion: _____

Mother's Cell / Work: _____ Mother Religion: _____

STUDENT INFORMATION

Student Name: _____ **Catholic?** Yes / No

Gender: ☐ Male ☐ Female **Sacrament Details** Check & Date All Below

Birth Date: _____ ☐ Baptism: _____

Grade: _____ ☐ Eucharist: _____

Session: _____ ☐ Reconciliation: _____

Class: _____ ☐ Confirmation: _____

Special Needs (Medical, Learning Disablilities, Physical Disabilities etc):

_____

STUDENT INFORMATION

Student Name: _____ **Catholic?** Yes / No

Gender: ☐ Male ☐ Female **Sacrament Details** Check & Date All Below

Birth Date: _____ ☐ Baptism: _____

Grade: _____ ☐ Eucharist: _____

Session: _____ ☐ Reconciliation: _____

Class: _____ ☐ Confirmation: _____

Special Needs (Medical, Learning Disablilities, Physical Disabilities etc):

_____

NOTE:If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition DUE: $ _____ **Tuition PAID: $** _____ **Signature:** _____

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