

# St Anthony's/OLPH

## CCD Registration

16505 Kilowatt Rd/PO Box 248 Elmendorf, TX 78112

### CCD Contribution

1-Child **\$35**, 2-Children **\$45**,  
3-Children **\$55**, 4+Children **\$70**

**Term:** 2025-2026

### FAMILY INFORMATION

<b>Family Last Name:</b> _____	<b>Date:</b> _____
Father's Name: _____	Father's Cell / Work: _____
Mother's Name: _____	Mother's Cell / Work: _____
Mother's Maiden: _____	Email Address: _____
Home Phone: _____	<b>Emergency Contact:</b> _____
Home Address: _____	Emergency Phone: _____
City, ST, Zip Code: _____	Both Parents Catholic? Yes / No

### STUDENT #1 INFORMATION

<b>Child Name:</b> _____	<b>Catholic?</b> Yes / No
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<b><u>Sacrament Details</u></b> Check & Date All Below
Birth Date: _____	<input type="checkbox"/> Baptism: _____
Grade: _____	<input type="checkbox"/> Eucharist: _____
Returning Student: _____	<input type="checkbox"/> Reconciliation: _____
Favorite Snack: _____	<input type="checkbox"/> Confirmation: _____
<b>Special Needs</b> (Medical, Learning Disabilities, Physical Disabilities, etc): _____	

### STUDENT #2 INFORMATION

<b>Child Name:</b> _____	<b>Catholic?</b> Yes / No
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<b><u>Sacrament Details</u></b> Check & Date All Below
Birth Date: _____	<input type="checkbox"/> Baptism: _____
Grade: _____	<input type="checkbox"/> Eucharist: _____
Returning Student: _____	<input type="checkbox"/> Reconciliation: _____
Favorite Snack: _____	<input type="checkbox"/> Confirmation: _____
<b>Special Needs</b> (Medical, Learning Disabilities, 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.

**Amount DUE:** \$ \_\_\_\_\_ **Amount PAID:** \$ \_\_\_\_\_ **Signature:** \_\_\_\_\_

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**Term:** 2025-2026

### Additional Students

#### STUDENT #3 INFORMATION

**Child Name:** \_\_\_\_\_

**Catholic?** Yes / No

Gender: ☐ Male ☐ Female

**Sacrament Details** Check & Date All Below

Birth Date: \_\_\_\_\_

☐ Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_

☐ Eucharist: \_\_\_\_\_

Returning Student: \_\_\_\_\_

☐ Reconciliation: \_\_\_\_\_

Favorite Snack: \_\_\_\_\_

☐ Confirmation: \_\_\_\_\_

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

\_\_\_\_\_

#### STUDENT #4 INFORMATION

**Child Name:** \_\_\_\_\_

**Catholic?** Yes / No

Gender: ☐ Male ☐ Female

**Sacrament Details** Check & Date All Below

Birth Date: \_\_\_\_\_

☐ Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_

☐ Eucharist: \_\_\_\_\_

Returning Student: \_\_\_\_\_

☐ Reconciliation: \_\_\_\_\_

Favorite Snack: \_\_\_\_\_

☐ Confirmation: \_\_\_\_\_

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

\_\_\_\_\_

#### STUDENT #5 INFORMATION

**Child Name:** \_\_\_\_\_

**Catholic?** Yes / No

Gender: ☐ Male ☐ Female

**Sacrament Details** Check & Date All Below

Birth Date: \_\_\_\_\_

☐ Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_

☐ Eucharist: \_\_\_\_\_

Returning Student: \_\_\_\_\_

☐ Reconciliation: \_\_\_\_\_

Favorite Snack: \_\_\_\_\_

☐ Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, 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.

**Amount DUE:** \$ \_\_\_\_\_ **Amount PAID:** \$ \_\_\_\_\_ **Signature:** \_\_\_\_\_