

ST. BASIL CHURCH 2026-2027 CCD/CONFIRMATION REGISTRATION
PLEASE MAIL REGISTRATION & PAYMENT BY DUE DATE OF MAY 1, 2026
REQUIRED FOR GRADES 1ST- 8TH (8TH Grade are the Potential Confirmation Candidates)
*****REGISTRATION FEE: \$30.00 PER CHILD/\$40.00 after the Due Date**

NOTE: MUST be a registered member of the parish & appear on the church census to be enrolled in the CCD Program. Fill out the census form that is available online or hard copy found at church entrance, if necessary.

Parents of students entering 1st grade...A copy of the child's Baptismal Certificate must accompany the registration form & payment for the registration process to be completed.

Students entering 2nd – 8th Grade as a NEW STUDENT in the St. Basil CCD/CONFIRMATION Program:

A copy of the Baptism & Communion Certificate will be needed & CCD OR CATHOLIC SCHOOL Records or a letter from the DRE or Religion Coordinator from the church parish/school your child attended previously is also required. The certificates and records should accompany the registration form & payment for the child(ren) for the registration process to be completed.

Mail to St. Basil Church/Attention CCD, 1803 Duhon Rd. Duson LA 70529 or put in an envelope, labeled CCD/CONFIRMATION Registration and drop in the collection basket at Mass.

Please list child's/children's name in the MEMO area on the check.

Parent Information:

Father's Name _____ Religion _____
 Mother's Name _____ Religion _____
 (First, Middle, Maiden, Married)
 Home Address _____ Zip Code _____
 Phone #s _____ Work #s _____
 Email(s) _____

Guardian Information, if applicable:

Name _____ Relationship _____
 Address, if different from above _____ Zip Code _____
 Phone #s _____ Work #s _____
 Email(s) _____

Check here, if you are requesting Home Taught Materials (Option is ONLY for Grade 1 – 6)/***7th In Class Confirmation Pre-Prep**

Check here, if you are interested in volunteering as a CCD Teacher/Substitute

Volunteer's Name _____

Please list your child's information below. If you are registering more than one child in the program, please fill out a form for each child. **THANK YOU!**

STUDENT INFORMATION

NAME: _____ (First, Middle & Last)
 Male__ Female__ Date of Birth _____ Place of Birth (City & State) _____
 Attended CCD @ St. Basil Last Year? __Yes __No If no, where? _____
 Name of Public/Private School Your Child Attends _____
 Grade for NEXT School/CCD Year _____ Food Allergies: __Yes __No
 If yes, please explain: _____