CCD Registration Form:

Please fill out the following as accurately as possible, even though you may have filled it out last year. If there is a separate address or phone number for each parent, please include if you wish notification for both. The registration fee for this year is $20 for one student and $40 for two or more students. Please make all checks payable to St. Christopher's CCD.

Father's Name:____
Mother's First Name:________________________________ Maiden Name:____________________
Who will be the contact for CCD? ________________________Cell #:________________________
Mailing Address:____
____
____
E-mail Address (one you check often):________________________________
Phone number:____

Name of Child:____
Birthdate:____
Baptism Church:_______________________________________Date:____________
First Communion Church:______________________________Date:____________
School Attending:______________________________________Grade:___________

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Birthdate:____
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First Communion Church:______________________________Date:____________
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Birthdate:____
Baptism Church:_______________________________________Date:____________
First Communion Church:______________________________Date:____________
School Attending:_______________________________________Grade:___________

Would you be willing to be a substitute teacher? ___________Which grades?__________