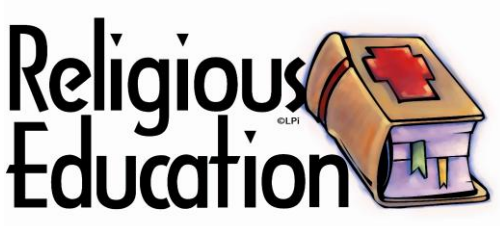

St. Christopher Religious Education Registration Form CCD

2010 - 2011 School Year

Family Name:_____

Mailing Address: _____

_____

_____

Please Print

Home Phone Number:_____ **Mobile :** _____

Father's Name: _____ **Marital Status:** _____

Mother's Maiden Name: _____ **Marital Status:** _____

F A M I L Y M E M B E R S

1st Child: _____
Last, First

Current School: _____

Grade: _____ **DOB:** _____

Sacraments Received: (please circle)

Baptism **1st Communion** **Reconciliation**

2nd Child: _____
Last, First

Current School: _____

Grade: _____ **DOB:** _____

Sacraments Received: (please circle)

Baptism **1st Communion** **Reconciliation**

Documentation

(To Be Filled Out By Program Administrators)

Received Documents:

Baptismal Cert.: Yes Date: _____
Initial: _____

1st Communion: Yes Date:_____
Initial: _____

Received Documents:

Baptismal Cert.: Yes Date: _____
Initial: _____

1st Communion: Yes Date: _____
Initial: _____