

St. Rose Parish

Confraternity of Christian Doctrine (CCD) Student Registration Form

****New Students must present a copy of child's baptismal certificate****

Child's Name: _____ Birth Date: ___/___/___ Sex: M F
Home Address: _____ City: _____ Zip: _____
Landline #: _____ Mom Cell: _____ Dad Cell: _____
Email Address: _____ Last RE Grade Completed: _____
Father's Name: _____
Mother's Name: _____
Public School Attending: _____ Grade: _____ 2019/2020 School Year

Child's Sacramental Information

Baptism: Church _____ City/State _____ Date _____
1stComm: Church _____ City/State _____ Date _____
Confirmation: Church _____ City/State _____ Date _____

The above named child is free of any contagious diseases, and is in good physical condition, and able to participate in regular activities. Signing this registration form indicates that the above named student and his/her parents/guardians will adhere to the policies of the CCD program.

Parent Signature _____ Date _____

Does your child have any learning or medical disabilities of which we should be aware? YES NO

If yes, please indicate condition: _____

Please list an adult who we can contact (other than parents/guardians) in an emergency if we cannot reach a parent. Name: _____ Phone: _____ Relationship: _____

Please list names of any brothers/sisters in CCD:

2020-2021 Tuition Rates for St. Rose

\$60.00 One Student \$180.00 Three Students

\$120.00 Two Students Family Max is \$180.00