St. Rose Parish

Registration

Confraternity of Christian Doctrine (CCD) Student Registration Form

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<mark>*Preschool Students must present a copy of child's baptismal certificate**</mark>

Child's Name:_____Birth Date:_____/_____/_____Sex: M   F

Home Address:_____City:_____Zip:_____

Landline #:_____Mom Cell:_____Dad Cell:_____

Email Address:_____

Father's Name:_____

Mother's Name:_____

Public School Attending:_____ Grade:_____ 2023/2024 School Year

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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:_____**

2023-2024 Tuition Rates for St. Rose

$20 Per Family for Preschool

$60 K-12   Maximum $180 per family