

ST. THERESA'S CCD REGISTRATION FORM

Preferred CCD Day: Wednesday Sunday
Please circle one

Child's Name: _____ Birthdate: _____
Last First Middle

Father's Name: _____
Last First Middle

Mother's Name: _____
Last First Maiden

Address: _____

Home Phone: _____ Cell: _____

Emergency Contact: _____ Phone: _____

Registered Parishioner of St. Theresa's Church: **Yes** **No**
Please circle one

Baptism Date: _____ Baptism Church: _____

1st Communion Date: _____ 1st Communion Church: _____

For Office Use Only

Grade	Teacher	Pd	Grade	Teacher	Pd
K	_____	()	6th	_____	()
1st	_____	()	7th	_____	()
2nd	_____	()	8th	_____	()
3rd	_____	()	9th	_____	()
4th	_____	()	10th	_____	()
5th	_____	()	11th	_____	()

Registration Fees: \$30 for 1 Child
 \$50 for 2 Children
 \$75 for 3 or more