

Holy Ghost Catholic Church ~ CCD Registration

Church Envelope # _____ Today's Date ___/___/___

Student's Full Name _____ Gender ___ Age ___ DOB ___/___/___

Ethnicity _____ School Attending _____ Grade _____

What CCD Grade are you registering this student for this year? _____ Has this student attended

CCD here last year? _____ If not, where did this student attend? _____

Allergies _____

Medical Info / Background Info _____

FAMILY - Head of Household

SPOUSE

Name _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Phone # (cell) _____

Phone # (cell) _____

(home) _____

(home) _____

(office) _____

(office) _____

E-mail _____

E-Mail _____

Relationship to child _____

Relationship to child _____

Marital Status _____

Marital Status _____

Religion _____

Religion _____

Occupation _____

Occupation _____

LEGAL GUARDIAN

EMERGENCY CONTACT

Name _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Phone # (cell) _____

Phone # (cell) _____

(home) _____

(home) _____

(office) _____

(office) _____

E-mail _____

E-mail _____

Relationship to child _____

Relationship to child _____

Marital Status _____

Marital Status _____

Religion _____

Religion _____

Occupation _____

Occupation _____

(YOU MUST COMPLETELY FILL OUT THE NEXT PAGE, WHERE APPLICABLE.) →

Who does the student live with?

_____ Both Parents / _____ Mother / _____ Father / _____ Legal Guardian

4 SEPARATE REGISTRATION FORM MUST BE FILLED OUT FOR EACH CHILD!

Siblings

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Sacraments: (For *First Time students* and *First Communion students*, bring a copy of the child's Baptismal Certificate upon registration. For *Confirmation students*, bring a copy of (both) the Baptismal and First Communion Certificates.) **YOU ARE REQUIRED TO NOTIFY THE HOLY GHOST OFFICE PERSONNEL IF THE CHILD HAS NOT BEEN BAPTIZED IN THE CATHOLIC CHURCH AND/OR IF THE CHILD HAS NOT YET RECEIVED FIRST COMMUNION (IF THAT CHILD IS ENROLLING INTO CCD CLASSES BEYOND SECOND GRADE!)**

Baptism: Has this child been Baptized in the Catholic Church? ____yes ____no
Has this child been Baptized or "Christened" in another Church? ____yes ____no
Date: ___/___/___ Church Name: _____
City: _____ State: ___ Performed By: _____

First Communion: Has this child received First Communion? ____yes ____no
Has this child received First Confession / First Penance? ____yes ____no
Date: ___/___/___ Church Name: _____
City: _____ State: ___ Performed By: _____

OFFICE NOTATION:

FOR OFFICE USE ONLY:

Date Paid _____ Amt. _____ Cash _____ Check _____ Receipt # _____