

# REGISTRATION FOR ST ROSE CCD PROGRAM

St. Rose Parish

2021-2022

## GENERAL INFORMATION

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
*Teacher will Use to contact Parents*

**E-Mail Address:** \_\_\_\_\_

Name of Your Parish: \_\_\_\_\_

Registered Member of Parish: Yes \_\_\_ No \_\_\_ St. Rose: \_\_\_ Other: \_\_\_\_\_ Name of Parish: \_\_\_\_\_

**\*\*If you are not a registered member of either Parish, you need written permission from your Parish Pastor to attend this CCD class prior to First CCD Class. If NOT a register member of any Parish, you need to be a registered member of a Parish.**

**Please complete a CCD registration sheet for each child. FFY/Confirmation have their own Registration Form!**

| Name of Student: | Grade in Fall | Birth Date | Age   |
|------------------|---------------|------------|-------|
| _____            | _____         | _____      | _____ |

Does your child have any health issues that we need to be aware of? Yes \_\_\_ No \_\_\_

If so in details what: \_\_\_\_\_

## SACRAMENTAL RECORDS-Please circle & complete information

Baptism Yes/No If yes, Where \_\_\_\_\_ Certificate Y/N

Eucharist Yes/No If yes, Where \_\_\_\_\_ Certificate Y/N

Confirmation Yes/No If yes, Where \_\_\_\_\_ Certificate Y/N

If your child has been Baptism, received First Communion or been Confirmed in **another parish**, we need a **RECENT** Certificate from that Church with Parish Seal. ***Originals will be returned to you.***

**CCD-Tuition: \$35.00 per Family- If you are a CCD Teacher/CCD Volunteer \$17.50 per Family**  
**Please make your check payable to St Rose CCD Program**

Amount: \_\_\_\_\_ Check: \_\_\_\_\_ Cash: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Please check if you would be interested in substituting for a teacher/helper when needed: \_\_\_\_\_

Please check if you would be interested in helping with Fundraising Project for the CCD Program \_\_\_\_\_

Please comment or give suggestion on what you would like to see in our program:

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Program Meets every Wednesday beginning at 7:30 PM SHARP to 8:30 PM in St Rose School.**

**Please return to: Terry Mueller 88758 553<sup>rd</sup> Avenue Crofton, NE 68730 605-660-6814 cell**

**If your child is not coming to CCD Class, you need to contact your child's CCD teacher prior to Class or you will be contacted that night. If they are sick, they are not to attend CCD class.**