

St. MARY CATHOLIC CHURCH C.C.E REGISTRATION FORM

CCE school year: _____

Student's name: _____ DOB _____ Age: _____

Birth Certificate: Yes: _____ No: _____

Grade in school this year: _____

Attended CCE last year: Yes ___ No ___ if yes, what class: _____

If transfer, from what church? _____

City & State _____

Special needs/school: Yes: _____ No: _____

Type of special need: _____

Biological Father's name: _____

Mother's name: _____

Address: _____

City & State: _____

Home Phone # _____ Cell phone # _____

Emergency contact phone # if other than parent or guardian: _____

Email address: _____

Using Facebook: Yes _____ No _____

Sacramental record:

Baptism: Yes _____ No _____

Date of Baptism: _____

Church of Baptism: _____

City & State _____

Holy Communion: Yes _____ No _____

Date of 1st Holy Communion: _____

Church of Holy Communion: _____

City & State _____

Confirmation: Yes _____ No _____

Date of Confirmation: _____

Church of Confirmation: _____

City & State: _____

CCE registration fee:

1st child: \$ 35.00 2nd and following

Receipt #: _____ date: _____

Balance due: _____

Parent's CCE volunteer position: _____

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FOR OFFICE USED ONLY

Assigned CCE class this year: _____

Will be in special sacramental class (1st Communion or Confirmation) next year:

Yes: _____ No: _____