

**St. Joseph Church**  
29119 Point Lookout Road, P.O. Box 175  
Morganza, MD 20660  
Phone 301-475-3293 Fax 301-475-0491  
**CCD Registration – Fill out ALL information**

Child's Full Name (First, Middle, Last): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

School now attending: \_\_\_\_\_

Did you attend St. Joseph's CCD Program last year? \_\_\_\_\_

Grade in School as of September: \_\_\_\_\_ Grade in CCD as of September: \_\_\_\_\_

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

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

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

Were parents married in the Catholic Church? \_\_\_\_\_

What Church do you regularly attend? \_\_\_\_\_

Has student been Baptized in the Catholic Church? \_\_\_\_\_

Baptized at (Name & Street Address): \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

God Parents: \_\_\_\_\_

**3<sup>rd</sup> Graders and above:**

Received First Holy Communion at Church of: \_\_\_\_\_  
(Name & Street Address)

Date of First Holy Communion: \_\_\_\_\_

**If your child is new to our CCD program, a copy of your Child's Baptismal Record  
must accompany this registration.**

Registration Fee: One Child \$35.00 Two Children \$45.00 More than two Children: \$55.00

Amount Paid: \_\_\_\_\_ Check No. \_\_\_\_\_ Cash \_\_\_\_\_