



Office Use Only

CK# \_\_\_\_\_ CSH MO  
Amount \$ \_\_\_\_\_  
P NP  
Date recd. \_\_\_\_\_

**Student Information (\*\*\*) PLEASE FILL OUT COMPLETELY)**

Name	Grade (for CCD)	Date of Birth	Baptism Date & Place	1 <sup>st</sup> Communion Date & Place	CCD Day/Location Requested

**\*\*\* New families and/or student, please provide copy of Baptismal certificate if your children were not baptized at Our Lady of Victory, St. Alphonsus, Holy Martyrs, Holy Family, St. Ladislaus & Most Blessed Sacrament Churches**

**CCD Times available (circle one): (NOTE: new time!)**

**Sundays 9:00-10:45** for Kindergarten- 8<sup>th</sup> grade (in MBS classrooms)

**Sundays 9:00-10:45** for Kindergarten- 8<sup>th</sup> grade (in St. Alphonsus classrooms)

**Wednesdays 6:00-7:45** for Grade K – 8<sup>th</sup> grade (in MBS classrooms)

**\*\*\* SUNDAY & WEDNESDAY CLASSES WILL BE OFFERED AS NOTED UNLESS THERE IS NOT ENOUGH SIGNED UP TO HAVE THAT PARTICULAR CLASS OR NO CATECHIST**

**COST PER FAMILY:**

1 child: \$35

2 children: \$60

+3 children: \$75

- **Cash or check (payable to Guardian Angels Parish) mailed to: 1526 Union Ave., Natrona Heights, PA 15065**  
**Form & payment can also be dropped off at the Admin. Office or put in any collection basket. (Please mark Faith Formation on the envelope)**

**SPECIAL CONCERNS:** (incl. Allergies, medical conditions, developmental diagnoses such as ADHD, autism, speech concerns or anything else that would help us to best serve your child)

In order to best care for and teach your child, the information on this registration may be shared with your child's Catechist (teacher). We understand that this information is *confidential* and it will not be shared without your permission. A signature below indicates written permission for this "Registration Form" to be shared with my child's Catechist (teacher) & all Guardian Angels Parish Staff with the implicit understanding that they will maintain confidentiality.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date