

Our Lady of the Lakes Parish Religious Education Program

Today's Date: _____

CCD REGISTRATION FORM

Please check below which campus you would like to attend

[] (St. Victor Campus) 527 Baird Road, Baird, PA [] (Transfiguration Campus) 94 McKrell Road, Russellton, PA

Please check [x] new CCD student [] returning CCD student (New Students - Complete sacramental information.)

Student's Last Name First Name Middle Date of Birth
Address Box #/Street/Road Preferred Phone Number
City State Zip Code Email Address

() married () single () widow/widower () separated () divorced () remarried

Father's last name First name Religion
Mother's maiden name First name Religion

Emergency Contact: (Name) (Relationship)
Emergency Contact Phone Number:

STUDENT'S RELIGIOUS EDUCATION BACKGROUND

years in (Name/Place of CCD Program)
Child will attend (Name of the School) School and will be in
the Grade this coming school year of

Do you have other family members enrolled in our CCD program Yes No
Member of the parish Yes No If not, what parish

(Please turn over and complete Page 2)

OFFICE USE ONLY
EMAILS / ON LINE
Ind. /Group One Call Now PDS
LABELS
Classrm/Family Rolodex
RECORD CARD
Registration Form Emergency Card Sacramental Enrollment (EXCEL SHEET)
ROSTERS
Attendance Classrm Roster Medical Sheet Directory Pd. Y or N ck.# or cash Amt.

CCD REGISTRATION FORM

Sacramental Information *(complete sacramental information below if a NEW student)*

Baptism: _____
Date (Name of Church)

(Address of Church)

NOTE for BAPTISM: *If baptized other than Our Lady of the Lakes Parish (St. Victor’s Church Campus or Transfiguration Church Campus), please send the CCD office a copy of the baptismal certificate*

First Eucharist: _____
Date (Name of Church)

(Address of Church)

Confirmation _____
Date (Name of Church)

(Address of Church)

MEDICAL/OTHER INFORMATION

PLEASE NOTE: *the information regarding your child’s particular needs will be kept confidential, and only shared with the pastor, catechetical administrator and child’s catechist.*

Particular Learning Needs: (Please share any information that may help us accommodate your child and their success in Faith Formation)

Health Challenges, Any Allergies, Medications, etc. (Please list and explain)

Other Information you wish to share: _____

PHOTO INFORMATION

Please indicate whether or not your child’s photograph may be included on website or in parish publications?
 YES, you may use photographs of my child/children in parish publications and /or on the parish websites.
 NO, please do not publish any photographs of my child/children.

CCD FEE:

1 Child = \$35 2 Children = \$60 More than 2 = \$75
(Make Checks Payable to: Our Lady of the Lakes Parish and submit payment with registration form)