

St. Anselm's Roman Catholic Church

CCD REGISTRATION FORM (NEW STUDENTS ONLY)

“TO TEACH AS JESUS DID”

Kindly fill in the information on your child completely and accurately, so that we may update our records. Thank you.

PLEASE PRINT and RETURN this form with the \$10.00 REGISTRATION FEE to the CCD Coordinators or the Parish Office.

CHILD'S INFORMATION:

Last Name: _____ First Name: _____ Initial: _____

Date of Birth: MM__ DD__ YYYY _____ Age: _____ Place of Birth: _____

Sunday Mass 7:00 am 9:00 am

School Attending/Grade: _____ Attending: Other: _____

SACRAMENTS:

Baptism Date: MM__ YYYY _____ Church/Location: _____

First Communion Date: MM__ YYYY _____ Church/Location: _____

TALENTS / HOBBIES (Check as many as apply): PLEASE MOVE ON TO THE PARENTAL/GUARDIAN INFO SECTION

<input type="checkbox"/> Baking / Cooking	<input type="checkbox"/> Drama / Telling jokes or stories	<input type="checkbox"/> Sewing
<input type="checkbox"/> Computer	<input type="checkbox"/> Floral arranging / Gardening	<input type="checkbox"/> Singing
<input type="checkbox"/> Dancing	<input type="checkbox"/> Reading	<input type="checkbox"/> Writing poems / plays / stories
<input type="checkbox"/> Drawing and Colouring (ART)	<input type="checkbox"/> Sport:	<input type="checkbox"/> Woodwork
<input type="checkbox"/> Playing an Instrument(s)	<input type="checkbox"/> Speaking another language:	<input type="checkbox"/> OTHER:

PARENTAL / GUARDIAN INFORMATION:

Mother	Father	Guardian-relation: _____
Name: _____ Last: _____	Name: _____ Last: _____	Name: _____ Last: _____
First: _____	First: _____	First: _____
P.O. Box: _____	P.O. Box: _____	P.O. Box: _____
Street Address: _____ _____	Street Address: _____ _____	Street Address: _____ _____
Telephone: _____ Home: _____ Work: _____ Cell: _____	Telephone: _____ Home: _____ Work: _____ Cell: _____	Telephone: _____ Home: _____ Work: _____ Cell: _____
Religion: <input type="checkbox"/> Roman Catholic Other: _____	Religion: <input type="checkbox"/> Roman Catholic Other: _____	Religion: <input type="checkbox"/> Roman Catholic Other: _____

CCD HISTORY:

Last CCD Class Enrolled In _____ / _____ / _____ Last Date Enrolled _____ / _____ Last CCD Teacher _____

Form Completed By: _____ Date: _____

CCD ADMINISTRATION USE ONLY

REGISTRATION	CLASS ASSIGNMENT	NOTES
Completed by/Date: _____ Fees Received: _____ Amount / By / Date Keyed By / Date: _____	Class for 20__ to 20__: _____ CCD Teacher of Class Assignment: _____	_____ _____ _____ _____ _____