

St. Anselm's Roman Catholic Church
CCD REGISTRATION FORM (RETURNING 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 Other: _____ Time: _____
 School Attending: _____ Attending Grade: _____

INFORMATION:

PARENTAL / GUARDIAN

Mother	Father	Guardian-relation
Name: Last: _____ First: _____	Name: Last: _____ First: _____	Name: Last: _____ 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: _____	_____ _____ _____ _____ _____

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 Form Date: August 2021