2023 – 20204
SAINT DAVID C.C.D. RE-REGISTRATION

THIS FORM CANNOT BE PROCESSED, UNLESS ALL INFORMATION IS PROVIDED
Classes are available in Grades 1st, 2nd 7th and 8th.
The first class will be Tuesday, September 12, 2023

PLEASE PRINT

2023 - 2024

Student Name: _____ SCHOOL GRADE: _____
School: _____ C.C.D. GRADE: _____

Student Name: _____ SCHOOL GRADE: _____
School: _____ C.C.D. GRADE: _____

Student Name: _____ SCHOOL GRADE: _____
School: _____ C.C.D. GRADE: _____

Family Name: _____ Parents Name:_____

Complete Address:_____

Home phone: _____ Mom's Cell:_____ Dad'sCell: _____

Email address: _____

C.C.D. SESSION: TUESDAY **(CIRCLE ONE)** *3:30 - 4:30pm* ***OR*** *6:30 - 7:30pm*
(1-2) ***(1-2 and 7 - 8)***

Please note that First Communion and Confirmation are both two consecutive year programs.

FEES MUST ACCOMPANY FORM FOR PROCESSING AND ARE NON – REFUNDABLE

Cash or checks made out to Saint David Church only

1st CHILD	**$ 180.00**	**$** _____
2nd CHILD or more ADD	**$ 105.00 for each child**	**$** _____
Confirmation SACRAMENT FEE (due second year only)	**$80.00 for each child**	**$** _____
Communion SACRAMENT FEE (due second year only)	**$30.00 for each child**	**$** _____
	TOTAL DUE	**$** _____

Tuition and Fees (per year)	***Office Use Only***
One Child: _____	Number of Children enrolled: _____
Two Children: _____	Tuition$: _____ AMT Paid: _____
Three or more Children: _____	Sacrament Fees $: _____
$50 Confirmation Fee: _____	Amount Due: _____
$30 Communion Fee: _____	Check#:_____Cash:_____
	Initials:_____

STUDENT HEALTH EMERGENCY INFORMATION

EMERGENCY CONTACT: (Please write other than parent/guardian names as Emergency Contact)

1._____ CELL:_____ HOME:_____

2._____ CELL:_____ HOME:_____

3._____ CELL:_____ HOME:_____

Indicate Special Health Concerns:_____

_____

_____

_____

Physician: _____ Phone: (____)_____

Hospital of Choice:_____ Phone: (____)_____

Address: _____

I, the undersigned, do hereby authorize officials of Saint David Religious Education Department to contact directly the person named on this form and do authorize the named physician or his/her designee to render such treatment as may be deemed necessary in an emergency, for the health of said student. In the event that physicians or other person listed on this form cannot be contacted, the Religious Education Department officials are hereby authorized to take whatever action deemed necessary in their judgment for the health of the aforesaid student. I will not hold Saint David Catholic Church financially responsible for the emergency care and/or transportation for said students.

I, as parent/guardian, and my student agree to abide by the rules and regulations of Saint David Church Religious Education Program.

Parent/Guardian Signature:_____**Date:**_____