

**2025 – 2026**  
**SAINT DAVID C.C.D. RE-REGISTRATION**  
 THIS FORM CANNOT BE PROCESSED, UNLESS ALL INFORMATION IS PROVIDED  
 Classes are available in Grades 1st, 2nd 3<sup>rd</sup>-6<sup>th</sup> 7<sup>th</sup> and 8th.

**PLEASE PRINT**

**2025 – 2026**

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's Cell: \_\_\_\_\_

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**

1 <sup>st</sup> CHILD	\$ 180.00	\$ _____
2 <sup>nd</sup> 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	\$ _____
<b>TOTAL DUE</b>		<b>\$ _____</b>

<u>Tuition and Fees (per year)</u>	<u>Office Use Only</u>
One Child: _____	Number of Children enrolled: _____
Two Children: _____	Tuition\$: _____ AMT Paid: _____
Three or more Children: _____	Sacrament Fees \$: _____
\$80 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:** \_\_\_\_\_