

**2023 - 2024 Saint David Catholic Church  
CCD Registration**

First Class Date to be determined. Please monitor CCD Web Site or voicemail.

**PLEASE PRINT LEDGIBLE: This form cannot be processed, unless all information is provided and payment is enclosed.**

Today's Date: \_\_\_\_\_

SAINT DAVID C.C.D. OFFICE - 954-475-1521  
SAINT DAVID CHURCH OFFICE - 954-475-8046

Family Last Name (with whom student lives): \_\_\_\_\_

**First and Last Names of Children Registering for CCD:**

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Number \_\_\_\_\_

Email address: \_\_\_\_\_

**Parent/Guardian**

<p>Mother/Guardian Full Name: _____</p> <p>Relationship to Child: _____</p> <p>Occupation: _____</p> <p>Cell Phone: _ (_____) _____</p> <p>Work Phone: _ (_____) _____</p> <p>E-mail Address: _____</p> <p>Religion: _____ Marital Status: _____</p>	<p>Father/Guardian Name: _____</p> <p>Relationship to Child: _____</p> <p>Occupation: _____</p> <p>Cell Phone: (_____) _____</p> <p>Work Phone: (_____) _____</p> <p>E-mail Address: _____</p> <p>Religion: _____ Marital Status: _____</p>
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I, \_\_\_\_\_, am interested in being considered as a Religious Education volunteer for: Teacher \_\_\_ Aide \_\_\_ Other: \_\_\_

<p><b><u>Tuition and Fees (per year)</u></b></p> <p>One Child: _____</p> <p>Two Children: _____</p> <p>Three or more Children: _____</p> <p>\$30.00 Communion Fee: _____</p> <p>**\$80 Confirmation Fee: _____</p> <p>**Includes robe fee</p>	<p align="center"><b><u>Office Use Only</u></b></p> <p>Number of Children enrolled: _____</p> <p>Tuition\$: _____ AMT Paid: _____</p> <p>Sacrament Fees \$: _____</p> <p>Amount Due: _____</p> <p>Check#: _____ Cash: _____</p> <p>Initials: _____</p>
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**STUDENT INFORMATION**  
**FIRST STUDENT REGISTRATION FEE - \$ 180.00**

CHILD'S NAME: \_\_\_\_\_ SEX: \_\_\_\_\_

CCD SESSION: TUESDAY **(CIRCLE ONE)** 3:30 - 4:30pm (K-4) OR 6:30 - 7:30pm (K-8)

**UPCOMING** SCHOOL GRADE: \_\_\_\_\_ CCD GRADE: \_\_\_\_\_ **(OFFICE USE ONLY)**

BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ BAPTIZED CATHOLIC: YES NO **(CIRCLE ONE)**

**A COPY OF THE CHILD'S BAPTISMAL CERTIFICATE ATTACHED IS MANDATORY**

DATE OF BAPTISM \_\_\_\_/\_\_\_\_/\_\_\_\_ NAME AND ADDRESS OF CHURCH \_\_\_\_\_

HAS THIS CHILD RECEIVED FIRST PENANCE? YES NO **(CIRCLE ONE)**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ NAME OF CHURCH \_\_\_\_\_

HAS THIS CHILD RECEIVED FIRST COMMUNION? YES NO **(CIRCLE ONE) PLEASE ATTACH CERTIFICATE**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ NAME OF CHURCH \_\_\_\_\_

ANY HEALTH PROBLEMS: \_\_\_\_\_ ANY LEARNING PROBLEMS: \_\_\_\_\_

**SECOND CHILD - \$105.00**

CHILD'S NAME: \_\_\_\_\_ SEX: \_\_\_\_\_

CCD SESSION: TUESDAY **(CIRCLE ONE)** 3:30 - 4:30pm (K-4) OR 6:30 - 7:30pm (K-8)

**UPCOMING** SCHOOL GRADE: \_\_\_\_\_ CCD GRADE: \_\_\_\_\_ **(OFFICE USE ONLY)**

BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ BAPTIZED CATHOLIC: YES NO **(CIRCLE ONE)**

**A COPY OF THE CHILD'S BAPTISMAL CERTIFICATE ATTACHED IS MANDATORY**

DATE OF BAPTISM \_\_\_\_/\_\_\_\_/\_\_\_\_ NAME AND ADDRESS OF CHURCH \_\_\_\_\_

HAS THIS CHILD RECEIVED FIRST PENANCE? YES NO **(CIRCLE ONE)**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ NAME OF CHURCH \_\_\_\_\_

HAS THIS CHILD RECEIVED FIRST COMMUNION? YES NO **(CIRCLE ONE) PLEASE ATTACH CERTIFICATE**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ NAME OF CHURCH \_\_\_\_\_

ANY HEALTH PROBLEMS: \_\_\_\_\_ ANY LEARNING PROBLEMS: \_\_\_\_\_

**THIRD CHILD - \$105.00**

CHILD'S NAME: \_\_\_\_\_ SEX: \_\_\_\_\_

CCD SESSION: TUESDAY **(CIRCLE ONE)** 3:30 - 4:30pm (K-4) OR 6:30 - 7:30pm (K-8)

**UPCOMING** SCHOOL GRADE: \_\_\_\_\_ CCD GRADE: \_\_\_\_\_ **(OFFICE USE ONLY)**

BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ BAPTIZED CATHOLIC: YES NO **(CIRCLE ONE)**

**A COPY OF THE CHILD'S BAPTISMAL CERTIFICATE ATTACHED IS MANDATORY**

DATE OF BAPTISM \_\_\_\_/\_\_\_\_/\_\_\_\_ NAME AND ADDRESS OF CHURCH \_\_\_\_\_

HAS THIS CHILD RECEIVED FIRST PENANCE? YES NO **(CIRCLE ONE)**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ NAME OF CHURCH \_\_\_\_\_

HAS THIS CHILD RECEIVED FIRST COMMUNION? YES NO **(CIRCLE ONE) PLEASE ATTACH CERTIFICATE**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ NAME OF CHURCH \_\_\_\_\_

ANY HEALTH PROBLEMS: \_\_\_\_\_ ANY LEARNING PROBLEMS: \_\_\_\_\_

**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 and my student have reviewed, read and gone onto the Saint David CCD web page to read the handbook. 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:** \_\_\_\_\_