

St. Alphonsa
Syro-Malabar Catholic Church
CCD Registration Form 2016 – 2017
Please use a separate form for each student

1. Student Name:

2. Date of Birth (mm/dd/yyyy): 3. Grade:

4. Any allergies

5. Father's Name: 6. Mother's Name:

Father's cell: Mother's cell:

7. Mode of contact: (please mark the preferred)

a. Phone: (____)

b. E-mail: (____)

8. List other students from family in CCD program (include grade):

1: 2:

3: 4:

(Registration Fee: \$80.00 for each student. Family cap: \$220.00)

9. Total amount paid cash/check (please circle one)

10. Church Registration No:

11. Permission to teachers to use student e-mails: YES____ NO____ NA____

12. Parent willing to volunteer in class: YES____ NO____

13. Consent for student to attend safe environment training: YES____ NO____

Parent's Signature: Date: