

St. Alphonsa
Syro-Malabar Catholic Church
CCD Registration Form 2011 – 2012

Please use a separate form for each student

1. Student Name:

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

4. Any allergies:

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

Father's cell: **Mother's cell:**

7. Home address:

City: **Zip:**

8. Home phone:

9. Family e-mail:

10. Emergency contact during CCD time:

Name: **Phone:**

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

1: **2:**

3: **4:**

(Registration Fee is \$50.00 for first child and \$40.00 for each additional child in the family)

12. Amount paid for this student: cash/check

13. Church Registration No:

14. Parent's Signature: **Date:**

Forms may be returned with fees to teachers present at the back of church after Mass.