

Saint James Major Church School of Religion (CCD)

REGISTRATION

You can E-mail this form to us, or, fill it in and print it and bring it to the Rectory.

Student's Name: _____ Male Female

Name of School Attending: _____ Grade: _____

Is your child a Special Ed. student? Yes No Date of Birth: _____

Sacraments received by the student:

Baptism: Yes No Church: _____ Date: _____

If not Baptized at SJM please obtain a Baptism Certificate for our records from the Church of Baptism.

First Communion: Yes No Church: _____ Date: _____

Attended CCD Classes before? Yes No Church: _____ Dates: _____

Father's Name: _____ Father's Religion: _____

Mother's Name: _____ Mother's Religion: _____

if applicable: Guardian's Name: _____

Home Address: _____

Home Phone: _____ Emergency Contact: _____ Emergency Phone: _____

Are parents/guardian registered in SJM Parish? Yes No Your envelope Number? _____

If the child lives with someone other than the natural parents, or if there are other special circumstances, or if your child has any special medical conditions, please describe:

Brothers and Sisters (siblings) in School:

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Parent/Guardian's Signature Date

Can you volunteer any time to assist with our CCD program? Yes No

Click here to **E-MAIL** this form.

Click here to **PRINT** this form.