CCD REGISTRATION FORM
ST. MARY & HOLY TRINITY PARISHES
2025-2026

1) Student's Full Name: _____
(Please Print)   Last   First   Middle

Grade Level: _____ Date of Birth: _____ Class Location (Circle One): St. Mary – Holy Trinity

2) Student's Full Name: _____
(Please Print)   Last   First   Middle

Grade Level: _____ Date of Birth: _____ Class Location (Circle One): St. Mary – Holy Trinity

3) Student's Full Name: _____
(Please Print)   Last   First   Middle

Grade Level: _____ Date of Birth: _____ Class Location (Circle One): St. Mary – Holy Trinity

4) Student's Full Name: _____
(Please Print)   Last   First   Middle

Grade Level: _____ Date of Birth: _____ Class Location (Circle One): St. Mary – Holy Trinity

For Students in 2nd (First Communion) and 11th Grade (Confirmation): Please indicate here where the student(s) were baptized:_____

Family Address: _____
                                             Street

_____
    City   State   Zip

Current Parish of Affiliation: _____

Home Phone Number: _____ Primary E-Mail: _____

Mother's Name: _____Cell #: _____

Father's Name: _____Cell#: _____

Another Emergency Contact Name: _____

Relationship to Student(s):_____ Cell Number of Contact:_____

Please list any Medical, Health, Dietary or Learning Concerns that our teachers should know:

_____

_____

Are any of the children listed above BEHIND schedule for Baptism, Penance, or First Communion?

_____

REGISTRATION FEES ARE $50.00 PER STUDENT
Payments may be made using the online giving link on St. Mary or Holy Trinity's website.
IF YOU HAVE STUDENTS AT BOTH PARISHES FOR CCD, PLEASE WRITE SEPARATE CHECKS,
AND/OR MAKE SEPARATE PAYMENTS ONLINE.