

CCD REGISTRATION FORM
ST. MARY & HOLY TRINITY PARISHES
2026-2027

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 Grade (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, Confession, 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.**