

# CCD REGISTRATION FORM

## ST. MARY / HOLY TRINITY

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

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Baptism \_\_\_\_\_

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

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Baptism \_\_\_\_\_

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

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Baptism \_\_\_\_\_

Family Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

Phone Number: \_\_\_\_\_ Primary E-Mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell#: \_\_\_\_\_

Current Parish of Affiliation: \_\_\_\_\_  
Name City

Emergency Contact Name: \_\_\_\_\_

Phone Number of Contact (Different than the phone # Above): \_\_\_\_\_

Please list any Medical, Health, Dietary or Learning concerns that our Teachers should know:

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Are the students listed above up-to-date with their Sacraments, if not please explain:  
(1<sup>st</sup> Reconciliation completed in 2<sup>nd</sup> Grade, 1<sup>st</sup> Communion completed in 2<sup>nd</sup> Grade)

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Special Prayer Requests: \_\_\_\_\_

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