

Sts. Peter & Paul CCD Registration Form

Parent name:

Mother _____ Maiden _____

Address _____ P.H. _____

Father _____ P.H. _____

Address _____

Are both parents registered members of the church ?

Yes

No If no explain _____

Please list the names of all children in grades 1-12 who will be attending the CCD program Include dates, parish where sacraments received if different than here. If you have a High School student please state if they have signed up for classes. The NFL region is having H.S classes at both parishes on Weds. Contact me for further info. Use back for additional space.

CHILD Name _____ AGE _____ GR _____

Parish of Baptism _____ DATE _____

Sacraments received _____

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