

Student's Name: _____ Date of Birth: _____

Church of Baptism: _____ Date of Baptism: _____

Church of Baptism Address: _____

School Presently Attending: _____ Grade in September: _____

Medical Concerns (e.g., allergies, asthma, etc.), Special Needs or Learning Disabilities:

Day of the week preferred for CCD (please check one):

Sunday 9:00 a.m. – 10:45 a.m. (all grades) _____

Monday 4:00 p.m. – 5:30 p.m. (grades 1-4) _____

Tuesday 4:00 p.m. – 5:30 p.m. (grades 5-8) _____

***If you are registering a child for the first time, you must supply us with a copy of the child's Baptismal Certificate.**

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