

# Our Lady Queen of Angels Church

## 2018-2019 CCD Student Registration Form

### Registration Fees:

Entering Grades 1,3,4,5,6,7,8,9,10 = \$40

Entering Grades 2 and 11 = \$50

For Office Use Only	
Date: _____/_____/_____	
Fee: \$ _____	Payment: \$ _____
Check# _____	<input type="checkbox"/> Cash
Balance: \$ _____	
Receipt # _____	

### **Family Information:**

#### Head of Household

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Maiden Name: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_  
 Language: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_ (race)  
 Religion: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_  
 Gender: \_\_\_\_\_

#### Spouse

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Maiden Name: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_  
 Language: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_ (race)  
 Religion: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_  
 Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Phones: (Father) Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Office: \_\_\_\_\_

(Mother) Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Office: \_\_\_\_\_

Other Guardian/Parent Information if child does not live with both birth parents:

### **Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Relationship to Family: \_\_\_\_\_ CCD Grade for 2018-2019: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Language: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Religion: \_\_\_\_\_ School: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Birth Father: \_\_\_\_\_ Birth Mother: \_\_\_\_\_

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#### **Sacramental Information:**

**All Sacramental Information MUST be Completed. For new students, a copy of Baptismal & 1<sup>st</sup> Communion Certificates MUST be attached to registration.**

<u>BAPTISM</u>			<u>FIRST COMMUNION</u>		
Date	Performed By	Church Name/City	Date	Performed By	Church Name/City