

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: _____

Sacramental Information:

All Sacramental Information MUST be Completed. For new students, a copy of Baptismal & 1st 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