

Our Lady Queen of Angels Church

CCD Student Registration

\$40 Fee

\$50 for 2nd & 11th Sacramental Grade Students

2018-2019

**FAMILY MUST BE PARISHIONERS OF OUR PARISH OR
PROVIDE A LETTER FROM THEIR PASTOR ALLOWING REGISTRATION IN OUR PROGRAM**

Family Information:

Date: _____

Head of Household

Spouse

Last Name: _____

Last Name: _____

First Name: _____

First Name: _____

Maiden Name: _____

Maiden Name: _____

Relationship to Child: _____

Relationship to Child: _____

Language: _____

Language: _____

Ethnicity: _____ (race)

Ethnicity: _____ (race)

Religion: _____

Religion: _____

Occupation: _____

Occupation: _____

Birthdate: _____

Birthdate: _____

Marital Status: _____

Marital Status: _____

Gender: _____

Gender: _____

Address: _____

Phones: NAME: _____

Home: _____

Cell: _____

Office: _____

NAME: _____

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: _____ Grade: _____ Marital Status: _____

Language: _____ Ethnicity: _____ Religion: _____ School: _____

Gender: _____ Birthdate: _____ Birthplace: _____

Birth Father: _____ Birth Mother: _____

Sacramental Information:

All Sacramental Information MUST be Completed.

A copy of Baptismal & 1st Communion Certificates MUST be attached to registration.

Baptismal Name: _____

Baptismal Date: _____

Performed by: _____

Church Name: _____

Church City: _____

First Communion Date: _____

Performed by: _____

Church Name: _____

Church City: _____