

Divine Mercy Parish CCD Registration Form

Grade in Religion Class _____
Parish You Belong To _____
7:30 PM - Ride Home _____
7:30PM - Walk Home _____

2014-2015 \$ 35 Fee _____
2015-2016 _____
2016-2017 _____
2017-2018 _____
2018-2019 _____
2019-2020 _____
2021-2022 _____

Last Name: _____ First Name: _____

Age: _____ Please Circle: Male or Female

Address: _____ City: _____ Zip _____

Telephone No. _____ Cell Phone No: _____

Name of School Attending: _____ Public School Grade: _____

Date of Birth: _____ State: _____

Date of Baptism: _____ Church: _____ State: _____

We need a copy of your Baptismal Certificate!

Is Baptismal Certificate On File: _____ Yes _____ No

Date of First Holy Communion: _____ Church: _____ State: _____

Date of Confirmation: _____ Church: _____ State: _____

Father's Name: _____

Are You A Practicing Catholic? _____ Yes _____ No

Mother's Maiden Name and First Name: _____

Are You A Practicing Catholic? _____ Yes _____ No

May we call you to help with CCD? _____ Yes _____ No

Any Illness: _____

Has the student attended CCD classes? Yes _____ No _____
Here _____ Other _____ Where? _____

Circle CCD grades attended here 1 2 3 4 5 6 7 8

Names of Brother/s in CCD now _____ Grade/s _____
Names of Sister/s in CCD now _____ Grade/s _____

**** If your child missed 4 or more times, be sure the book is done and bring it for registration day. This will move your child to the next level.