

**REGISTRATION FOR CROFTON AREA CCD PROGRAM**  
**St. Rose Parish**  
**2017-2018**

**GENERAL INFORMATION**

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of Your Parish: \_\_\_\_\_

Registered Member of Parish: Yes \_\_\_ No \_\_\_ St. Rose: \_\_\_ St. Joseph: \_\_\_ Other: \_\_\_

Name of Parish: \_\_\_\_\_

**\*\*If you are not a registered member of either Parish, you need written permission from your Parish Pastor to attend this CCD class. If NOT a registered member of any Parish, you need to be a registered member of a Parish.**

**Please complete a registration sheet for each child. FFY has their own Registration Form!**

Name of Student:	Grade in Fall	Birth Date	Age
_____	_____	_____	_____

Does your child have any health issues that we need to be aware of? Yes \_\_\_ No \_\_\_  
If so what: \_\_\_\_\_

**SACRAMENTAL RECORDS-Please circle & complete information**

Baptism	Yes/No	If yes, Where _____	Certificate
Y/N			
Eucharist	Yes/No	If yes, Where _____	Certificate Y/N
Confirmation	Yes/No	If yes, Where _____	Certificate Y/N

If your child has been Baptism, received First Communion or been Confirmed in another parish, we need a **RECENT** Certificate from that **Church with Parish Seal**. **Originals will be returned to you.**

**CCD-Tuition: \$35.00 per Family- If you are a CCD Teacher/CCD Volunteer \$17.50 per Family**  
**Please make your check payable to St Rose CCD Program**

Amount: \_\_\_\_\_ Check: \_\_\_\_\_ Cash: \_\_\_\_\_ Date  
Paid: \_\_\_\_\_

Please check if you would be interested in substituting for a teacher/helper when needed: \_\_\_\_\_

Please check if you would be interested in helping with Fundraising Project for the CCD Program \_\_\_\_\_

Please comment or give suggestion on what you would like to see in our program:

\_\_\_\_\_  
**Parent's Signature**  
**Date**

**Program Meets every Wednesday beginning at 7:30 PM SHARP to 8:30 PM in St Rose School.**  
**Please return to: Terry Mueller 88758 553<sup>rd</sup> Avenue Crofton, NE 68730 605-660-6814 cell**