



**St. John's Catholic Church  
CCD Registration Form 2023-2024**

(Please Fill Out One Form For Each Child)

(\$100 for one child, \$200 total for 2 or more children)

Name : \_\_\_\_\_

Grade: \_\_\_\_\_ Grade in CCD: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

Mother's Name (Maiden): \_\_\_\_\_ Religion: \_\_\_\_\_

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

Phone: 1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_ 3<sup>rd</sup>: \_\_\_\_\_

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

**Sacrament Dates**

**Baptism**

Date: \_\_\_\_\_

Church: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

**1st Communion**

Date: \_\_\_\_\_

Church: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

**Confirmation**

Date: \_\_\_\_\_

Church: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

**\*Are you registered at St. John's Church? \_\_\_\_\_**

**Do you receive the monthly mailing? \_\_\_\_\_**

FOR OFFICE USE ONLY ----- PAYMENT RECEIVED: \_\_\_\_\_ Check# \_\_\_\_\_ Money \_\_\_\_\_