



**St. John's Catholic Church
CCD Registration Form 2024-2025**

(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: 1st: _____ **2nd:** _____ **3rd:** _____

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** _____