

ST. CHARLES BORROMEIO
2018-2019 CCD REGISTRATION
(NEWLY REGISTERED STUDENT)



STUDENT'S NAME _____
FIRST MIDDLE LAST

STUDENT'S BIRTHDAY _____ BIRTHPLACE _____
CITY STATE

BAPTISM DATE _____ CHURCH OF BAPTISM _____

LOCATION OF CHURCH OF BAPTISM _____

GRADE _____ (AS OF AUG., 2018) SCHOOL ATTENDING _____

WHERE DID CHILD ATTEND RELIGION LAST YEAR? _____

FATHER'S NAME _____ C NC
FIRST MIDDLE LAST

MOTHER'S NAME _____ C NC
FIRST MAIDEN LAST

OR GUARDIAN'S NAME _____ C NC
FIRST MIDDLE LAST

ADDRESS (MAILING) _____

(RESIDENT) _____

(CITY) _____ STATE ZIP _____

PHONE NUMBER _____ CELL _____

E-MAIL ADDRESS _____

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• **EMERGENCY NAMES IF PARENT CANNOT BE CONTACTED:**

NAME _____ PHONE _____

NAME _____ PHONE _____

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(TO BE FILLED IN BY OFFICE PERSONNEL)

REGISTRATION FEE _____ CHECK NO. _____ CASH _____ DATE PAID _____

COMMENTS _____

• **IF THERE IS A FINANCIAL PROBLEM, PLEASE SPEAK WITH FR CARL.**