

Queen of the Most Holy Rosary + + + CCD Registration Form

Name: _____ Grade: _____
first middle last

Address: _____ Sex: _____
street or RR

_____ Birthdate: _____
city zip

Telephone: _____ School: _____

Father's Name: _____ Religion: _____
first last

Father's Address: _____ Church: _____
(if different from the student's)

Mother's Name: _____ Religion: _____
first (maiden) last

Mother's Address: _____ Church: _____
(if different from the student's)

Guardian's Name: _____ Religion: _____
first last

Guardian's Address: _____ Church: _____
(if different from the student's)

Guardian's Relationship: _____

RECORD OF SACRAMENTS

BAPTISM - Date: _____ Church: _____

RECONCILIATION - Date: _____ Church: _____

EUCCHARIST - Date: _____ Church: _____

CONFIRMATION - Date: _____ Church: _____

THIS FORM WAS COMPLETED - Date: _____ Adult Signature: _____

Please indicate any special health and / or academic conditions you feel might be helpful to your child's CCD Teacher. Thank you.