

Date _____

CCE Registration 2017-2018

Student Name _____ Date of Birth _____

Grade (2017-2018) _____ Gender _____

Was your child in CCE last year? (2016-17) Yes _____ No _____ Name of Parish _____

Father's Name _____

Mailing Address _____

Street

City

Zip Code

Home Phone _____ Cell Phone _____

Mother's Name _____

Mailing Address (if different) _____

Street

City

Zip Code

Home Phone _____ Cell Phone _____

Primary Email

Address _____ Text: YES/NO

Emergency Contact during class time—Name, Phone number and relationship

Has your child been baptized? _____ Date of Baptism _____

Church _____

Name

City, State, Country

Has your child made First Communion? _____

Has your child been Confirmed? _____

Please comment if your child has any special needs or circumstances that we need to be aware:

Office Use Only:

Tuition Amount _____ Paid _____ Balance _____

Tuition Fees: **One Child \$60.00 Two Children \$70.00 Three or more Children \$80.00**

Class _____