

St. Bernard CCD Program

Registration

School Year _____

Please fill in the information below for each child that will be attending religion class for _____. Thank you!

Registration Fees: check with CCD Director

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Parent's Name: (Father) _____ (Mother) _____

Mailing Address: _____

Parish: _____ Email: _____

Phone Number: (Home) _____

Cellphones: (Texting: Yes or No) _____

Please let us know if any of your child(ren) have any special needs for the classroom so we may inform and assist our teachers.

I am interested in volunteering for one of the following:

_____ Teacher _____ Substitute _____ Classroom Aide

By my signature, I authorize the St. Bernard CCD Program to enroll my son/daughter into the religion program on Wednesday evenings. I understand the importance of my child's religious education and will help to instill the values taught within the program.

Signature: _____

