



SAINT ALPHONSUS  
PARISH

## CCD Registration

Child's name \_\_\_\_\_

Parent/Guardians' Names \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Prior Catholic religious education  None  1 year  2 years +

Does your child have any medical conditions, allergies or any other issues we should be aware of? If so, please list

\_\_\_\_\_

I would like to have my child participate in CCD at St. Alphonsus Parish.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date