

Office Use Only:

Pd:\$ _____

Date: _____

Cash/Ck #: _____

of Children: _____

Rcvd by: _____

CCD Registration

St. Joseph Catholic Church

1125 Blankenship Dr. DeRidder, La 70634

(337) 463-6878

CCD Fees: 1 Child - \$20.00 2-3 Children- \$40.00 4 or More - \$50.00

Please make checks payable to: St. Joseph's

Please return this form to the parish office as soon as possible.

Fees may be paid upon registration or consult the DRE to make arrangements for payments.

Family Information

Father

Mother

First Name Last Name

First Name Last Name

Address

Address

Telephone

Telephone

Email Address

Email Address

Parish of Registry

St. Joseph ____ Other: _____

Who is the primary contact person? _____

Emergency Contact Information

Name

Telephone

Relationship to Child

Do we have your permission to photograph your child for CCD or Church website? Y___ / N___

Please enter your child(ren)'s name(s) from oldest to youngest.

_____		_____		M____/F____
Child's First Name		Child's Last Name		
_____		_____		Shirt Size
Child's Date of Birth	Grade Entering	Child's School		
_____		_____		
Baptism: Y____ / N____		City/State/Church of Baptism		
Penance (Confession): Y____ / N____	First Communion: Y____ / N____	Confirmation: Y____ / N____		

Are there any special needs or considerations for this child?				

_____		_____		M____/F____
Child's First Name		Child's Last Name		
_____		_____		Shirt Size
Child's Date of Birth	Grade Entering	Child's School		
_____		_____		
Baptism: Y____ / N____		City/State/Church of Baptism		
Penance (Confession): Y____ / N____	First Communion: Y____ / N____	Confirmation: Y____ / N____		

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