

St. Frances Cabrini Parish
115 Trinity Drive,
Aliquippa, PA 15001

Date: _____

Office of Religious Education: Phone: 724-774-4888 Fax Number: 724-775-3848

STUDENT REGISTRATION FORM 2017-2018

Registered with Parish Rectory? Yes ___ No ___ Are you a NEW CCD Family? Yes ___ No ___

Family Last Name _____

Father/Guardian's Name _____

Religious Affiliation _____

Address _____ City _____ State ___ Zip _____

Home phone _____ Cell _____ **E-mail** _____

Mother/Guardian's Name (including Maiden) _____

Religious Affiliation _____

Address _____ City _____ State ___ Zip _____

Home phone _____ Cell _____ **E-mail** _____

Who is responsible for Religious Education?

_____ Both Parents _____ Mother _____ Father _____ Guardian

Who is to receive mailings? _____ Both Parents _____ Mother _____ Father _____ Guardian

In case of emergency if you cannot be reached:

Name _____ Phone _____ Relationship _____

Tuition for students: \$18 each for the first 2 children. Please add \$5 for each additional child.

If we need to know additional information, such as, medical condition or any special circumstances regarding sacrament preparation for your child(ren), attach separate sheet.

If your child is new to the program, please attach a copy of your child's BAPTISMAL CERTIFICATE.

Please mark the choice for the session you choose for your child (ren) to attend.

Sunday – (10:05 AM to 11:20 AM) _____

Monday - (6:00 PM to 7:15 PM) _____

Scholarships are available upon request.

OVER

St. Frances Cabrini

Children in Parish Religious Education Program (include first and last name)

Children's First, Middle & Last Name	Grade beginning SEPT. 2017	Birthday	Baptism <i>Date, Church, Month</i>	Eucharist <i>Date, Church. Month</i>
1.				
2.				
3.				
4.				

Are there any particular concerns relevant to the program? How can we help? *(Disabilities, Allergies, etc.)*

PARENT/GUARDIAN SIGNATURE _____ **Date** _____

I would like to volunteer to help: *(Place an X on the appropriate line)*

Catechist
 Office
 Classroom
 Special Events
 Substitute Catechist
 Children's Liturgy Aide

For Office Use Only

(\$18 each for the first 2 children. Please add \$5 for each additional child.)

Grades/Sessions _____

Date Paid _____

Amount Paid _____

Cash _____

Check _____