

**ST. JOHN FRYBURG
CCD REGISTRATION 2018-2019**

Family Name _____

Father's Name _____

Mother's Name _____ Maiden _____

Street Address _____

City, State, Zip _____

Home Phone _____ Cell Phone (Emergency) _____

Email Address _____

If your child is absent do you want to be contacted? Yes _____ No _____

If you know your child will be absent please notify your child's teacher.

PLEASE NOTE: THE TIME SPENT IN CCD CLASS IS FOR TEACHING AND LEARNING THE CATHOLIC FAITH. OUR TEACHERS WANT TO HAVE TO TEACH—NOT WASTE TIME IN DISCIPLINE. STUDENTS ARE NOT TO BRING FOOD, POP, SNACKS, CANDY, GUM, ETC TO CLASS. (OCCASSIONALLY THE CHURCH MIGHT PROVIDE A TREAT). WE THANK THE PARENTS FOR HELPING US WITH DISCIPLINE AND NO FOOD.

Signature of Parent/Guardian

**CHILDREN TO BE ENROLLED IN THE
2018-2019 PROGRAM
IN GRADES K THROUGH 12
(Please provide proper name)**

First & Middle	Grade	Date of Birth	Place of Baptism	Received 1st Communion	Confirmed
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\$20.00 PER STUDENT/\$50.00 PER FAMILY OF 3 OR MORE

Total fee due \$ _____
Fees paid \$ _____
Balance \$ _____



Over

DUE AUGUST 20, 2018