

**CCD REGISTRATION FORM**  
**ST. MARY & HOLY TRINITY PARISHES**  
**2024-2025**

1) Student's Full Name: \_\_\_\_\_  
(Please Print) Last First Middle

Grade Level: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Class Location (Circle One): St. Mary – Holy Trinity

2) Student's Full Name: \_\_\_\_\_  
(Please Print) Last First Middle

Grade Level: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Class Location (Circle One): St. Mary – Holy Trinity

3) Student's Full Name: \_\_\_\_\_  
(Please Print) Last First Middle

Grade Level: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Class Location (Circle One): St. Mary – Holy Trinity

4) Student's Full Name: \_\_\_\_\_  
(Please Print) Last First Middle

Grade Level: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Class Location (Circle One): St. Mary – Holy Trinity

Family Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

Current Parish of Affiliation: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Primary E-Mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell#: \_\_\_\_\_

Another Emergency Contact Name: \_\_\_\_\_

Relationship to Student(s): \_\_\_\_\_ Cell Number of Contact: \_\_\_\_\_

Please list any Medical, Health, Dietary or Learning Concerns that our teachers should know:

\_\_\_\_\_  
\_\_\_\_\_

Are any of the children listed above behind schedule for Baptism, Penance, or First Communion?

\_\_\_\_\_

**REGISTRATION FEES ARE \$50.00 PER STUDENT**

Payments may be made using the online giving link on St. Mary or Holy Trinity's website.

**IF YOU HAVE STUDENTS AT BOTH PARISHES FOR CCD, PLEASE WRITE SEPARATE CHECKS,  
AND/OR MAKE SEPARATE PAYMENTS ONLINE.**