

St. Patrick Church, Nicholson  
 Our Lady of the Abingtons Church, Dalton  
Registration Form                      Religious Formation-CCD

2017-2018 Academic Year

Return form and fee to the Parish Office

Make check payable to St. Patrick Church or  
 Our Lady of the Abingtons Church

Registration paid: \$ \_\_\_\_\_ Check # \_\_\_\_\_  
 Fee: \$30.00 First child  
       \$20.00 Second child  
       \$15.00 Third child  
       \$10.00 Fourth child

If there is difficulty in paying the CCD fee,  
 please contact Father Arbo, or Deacon Paul.

**IF YOUR CHILD IS RECEIVING A  
 SACRAMENT THIS YEAR AND WAS  
 NOT BAPTIZED AT SP OR OLA  
 CHURCH, YOU MUST SUBMIT A  
 NEW COPY OF HIS/HER BAPTISMAL  
 CERTIFICATE WHEN REGISTERING  
 YOUR CHILD.**

STUDENT INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Cell: (    ) \_\_\_\_\_  
 Home Phone: (    ) \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 School/Grade: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_  
 Does child reside with someone other than  
 the parent? Yes/No \_\_\_\_\_  
 Custody: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

*All families in our program need to be  
 registered in the parish and have a census  
 form on file in our parish office.*

*Are you registered in the parish? \_\_\_\_\_  
 Do you receive parish envelopes? \_\_\_\_\_  
 Are you using your parish envelopes to  
 support the Church? \_\_\_\_\_*

**Please, name any physical, emotional or  
 learning needs we should be made aware of:**

Baptismal Information

(Month/Day/Year) \_\_\_\_\_  
 Church of \_\_\_\_\_  
 Address \_\_\_\_\_

In case of illness that may or may not be an  
 emergency, please give the names of two (2)  
 people who can be reached by phone and would  
 be willing to come for your child if you, as a  
 parent, cannot be reached.

1 Name/Relation: \_\_\_\_\_  
 Phone: (    ) \_\_\_\_\_  
 2 Name/Relation: \_\_\_\_\_  
 Phone: (    ) \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_