

Today's Date: _____

Sts. Simon & Jude Catholic Parish

CCE Registration for 2008-2009

Logos ID:ParentID:

Father/Guardian Name:

Mother/Guardian Name:

Mothers Maiden Name:

Address:

City/State/Zip:

Name of Doctor:

Home Phone No:

Doctors Phone No:

Fathers Work No:

Extn:

Emergency Contact and Relationship to Student:

Name

Relation

Phone

Fathers Cell No:

Mothers Work No:

Extn:

Mothers Cell No:

(Elementary Only) Preferred Session (Circle Choice):

PRE K 4-5yr. old: Sunday 9:00am Sunday 10:30am

E-Mail:

K thru 5th grade: Saturday 1st Session 2nd Session

Sacraments Received

Student Name

Fall Grade

Gender

DOB

Bapt Euch Conf

Allergies or Medications

Fee

Please seek medical treatment of a licensed professional if determined. Parent Signature:

_____ Paid Check # _____ Cash ___ Amount \$ _____

My child _____ needs to be enrolled in a program to prepare to receive the sacrament(s)

of:

Please circle the appropriate sacrament(s):

Baptism Reconciliation Eucharist

Registration Fee: Pre K 4 yr. old thru 9th Grade: \$50.00

1st or 2nd year Confirmation Prep (10th or 11th grade): \$75.00

High School confirmed students 9th thru 12th grade: \$25.00