

MATER MISERICORDIÆ PARISH

2024/2025 CCD REGISTRATION FORM

PLEASE FILL OUT FORM COMPLETELY

DATE: _____

Are you registered at Mater Misericordiæ Parish?	Yes *No
Which program will your child/children be attending? In-person= Mater Misericordiæ Church Homeschool=Your own home	In-Person Program Homeschool Program

PARENT'S INFORMATION	
Father's First Name	
Father's Last Name	
Father's Phone Number	
Father's Email Address	
Mother's First Name	
Mother's Maiden Name	
Mother's Phone Number	
Mother's Email Address	
<i>Both email addresses above will get added to our Flocknote communications for CCD</i>	
Home Address:	

ADDITIONAL PERMISSIONS (CHECK ONE ANSWER)	
1. I give permission for my child(ren)'s picture to be used on the parish website or other church publications.	Yes No
2. I have read and agree to the CCD 2024-2025 requirements and expectations.	Yes No
3. I understand Safe Environment Training (SET) is required to be offered per Diocesan Policy. I understand it is my responsibility to teach my child(ren) the SET material at home during the week of October 28, 2024.	Yes No
4. I understand that the CCD fee is \$25 per child. If I am unable to pay, I will reach out to Fr. Passo directly.	Yes No
Please note a copy of your child(ren)'s baptism certificate is required if your child(ren) is preparing to receive Sacraments.	

FIRST CHILD ATTENDING CCD	
Child's First Name	
Child's Last Name	
Child's DOB (MM/DD/YYYY)	
Grade in Fall 2024	
Does this child have any special needs?	Yes No
Is the child adopted?	Yes (child cannot attend until adoption process is complete) No
What Sacraments does your child need through this year's CCD program?	First Communion and Confirmation Confirmation ONLY None
Please complete the information below if this child is preparing to receive Sacraments:	
Name of Parish of Baptism	
Street Address of Baptism	
OFFICE USE ONLY	
Baptism Cert	Paid Withdraw Date

SECOND CHILD ATTENDING CCD	
Child's First Name	
Child's Last Name	
Child's DOB (MM/DD/YYYY)	
Grade in Fall 2024	
Does this child have any special needs?	Yes No
Is the child adopted?	Yes (child cannot attend until adoption process is complete) No
What Sacraments does your child need through this year's CCD program?	First Communion and Confirmation Confirmation ONLY None
Please complete the information below if this child is preparing to receive Sacraments:	
Name of Parish of Baptism	
Street Address of Baptism	
OFFICE USE ONLY	
Baptism Cert	Paid Withdraw Date

THIRD CHILD ATTENDING CCD	
Child's First Name	
Child's Last Name	
Child's DOB (MM/DD/YYYY)	
Grade in Fall 2024	
Does this child have any special needs?	Yes No
Is the child adopted?	Yes (child cannot attend until adoption process is complete) No
What Sacraments does your child need through this year's CCD program?	First Communion and Confirmation Confirmation ONLY None
Please complete the information below if this child is preparing to receive Sacraments:	
Name of Parish of Baptism	
Street Address of Baptism	
OFFICE USE ONLY	
Baptism Cert	Paid Withdraw Date

FOURTH CHILD ATTENDING CCD	
Child's First Name	
Child's Last Name	
Child's DOB (MM/DD/YYYY)	
Grade in Fall 2024	
Does this child have any special needs?	Yes No
Is the child adopted?	Yes (child cannot attend until adoption process is complete) No
What Sacraments does your child need through this year's CCD program?	First Communion and Confirmation Confirmation ONLY None
Please complete the information below if this child is preparing to receive Sacraments:	
Name of Parish of Baptism	
Street Address of Baptism	
OFFICE USE ONLY	
Baptism Cert	Paid Withdraw Date

FIFTH CHILD ATTENDING CCD	
Child's First Name	
Child's Last Name	
Child's DOB (MM/DD/YYYY)	
Grade in Fall 2024	
Does this child have any special needs?	Yes No
Is the child adopted?	Yes (child cannot attend until adoption process is complete) No
What Sacraments does your child need through this year's CCD program?	First Communion and Confirmation Confirmation ONLY None
Please complete the information below if this child is preparing to receive Sacraments:	
Name of Parish of Baptism	
Street Address of Baptism	
OFFICE USE ONLY	
Baptism Cert	Paid Withdraw Date

SIXTH CHILD ATTENDING CCD	
Child's First Name	
Child's Last Name	
Child's DOB (MM/DD/YYYY)	
Grade in Fall 2024	
Does this child have any special needs?	Yes No
Is the child adopted?	Yes (child cannot attend until adoption process is complete) No
What Sacraments does your child need through this year's CCD program?	First Communion and Confirmation Confirmation ONLY None
Please complete the information below if this child is preparing to receive Sacraments:	
Name of Parish of Baptism	
Street Address of Baptism	
OFFICE USE ONLY	
Baptism Cert	Paid Withdraw Date