St. Ann CCD
4355 Hwy 24
Bourg, LA 70343

Registration Form

School Year:_____

C.C.D. Office (985) 594-5088
FAX (985) 594-3570

STUDENT'S NAME:_____SEX: _____
[FIRST] [MIDDLE] [LAST] (M/F)

DATE OF BIRTH:_____BIRTHPLACE_____AGE:_____
[CITY & STATE]

BAPTISM:_____ _____
PROVIDE COPY [DATE] [CHURCH] [LOCATION]

FATHER'S NAME:_____RELIGION:_____
[FIRST [MIDDLE] [LAST]

MOTHER'S NAME:_____RELIGION:_____
[FIRST] [MAIDEN] [LAST]

GUARDIAN'S NAME:_____ RELIGION:_____
[FIRST] [MIDDLE] [LAST]

HOME ADDRESS:_____ City: _____

MAILING ADDRESS: _____ City: _____

PHONE NUMBERS: HOME:_____CELL#:_____

CHURCH PARISH OF REGISTRATION: _____

EMERGENCY CONTACTS IF PARENTS CANNOT BE REACHED

NAME:_____PHONE#:_____

NAME:_____PHONE#:_____

Child Lives With: (*Check one*) ☐-Both Parents ☐-Joint Custody ☐-Mother only ☐-Father only ☐-Guardian

CHILD'S C.C.D GRADE:_____ SCHOOL GRADE:_____ NAME OF SCHOOL:_____
2018 –2019 2018-2019

FIRST RECONCILIATION:_____ _____ FIRST COMMUNION:_____ _____
[DATE] [CHURCH] [DATE] [CHURCH]

Is the child in a Special Education Program for learning disabilities? YES/ NO _____
If yes, please give simple information: _____

To be completed by the office of Religious Education.

Registered Parishioners:

1ST CHILD …… $30.00
2ND CHILD…… $25.00
3RD CHILD …… $20.00
4TH CHILD…… $15.00
5TH CHILD or more $10.00 each additional child
Late Fee ……$25.00 Applies **After_____, 2018**
10th & 11th grade Retreat Fees $10.00

Teacher's Children……. No charge
Registration Fee _____
Retreat Fee _____
Late Fees _____

Amount Due _____

Make check payable to: ***St. Ann Church***

☐-CASH $_____ ☐-CHECK#_____AMOUNT $_____ DATE PAID: _____