

ST. JOHN CAPISTRAN RELIGIOUS EDUCATION

NEW PARISH MEMBER CCD REGISTRATION 2011-2012

PLEASE PRINT -- FILL OUT BOTH SIDES OF THIS FORM

FAMILY LAST NAME _____ **PHONE NO.** _____ **EMAIL** _____

ADDRESS _____ **ZIPCODE** _____

FATHER'S FIRST NAME _____ **RELIGION** _____

FATHER'S OCCUPATION/EMPLOYER _____ **WORK/CELL PHONE #** _____

MOTHER'S FIRST AND MAIDEN NAMES _____ **RELIGION** _____

MOTHER'S OCCUPATION/EMPLOYER _____ **WORK/CELL PHONE #** _____

PARISH IN WHICH YOU ARE CURRENTLY REGISTERED _____

CHILDREN LIVE WITH (Check One) BOTH PARENTS _____ MOTHER ONLY _____ FATHER ONLY _____ BLENDED FAMILY _____

IF YOU ARE UNABLE TO BE REACHED, WHO WOULD YOU LIKE US TO CONTACT IN THE CASE OF AN EMERGENCY?

NAME _____ **HOME/CELL PHONE** _____

FEE FOR ST. JOHN'S PARISH MEMBERS: \$50 FIRST CHILD OR \$75 PER FAMILY

BUS FEE FOR 5th, 6th, 7th & 8th GRADE MORNING CLASS FOR ST. JOHN'S PARISH MEMBERS: \$70 per child

TOTAL FEE ENCLOSED \$ _____ (DO NOT SEND CASH)

SEND CHECKS PAYABLE TO: ST. JOHN CAPISTRAN
RELIGIOUS EDUCATION
1610 MCMILLAN RD.
PITTSBURGH, PA 15241

(OVER)

**PLEASE PROVIDE A COPY OF EACH CHILD'S BAPTISMAL CERTIFICATE WITH THIS
REGISTRATION IF NOT BAPTIZED AT ST. JOHN CAPISTRAN**

STUDENT NAME (INDICATE LAST NAME IF DIFFERENT THAN YOURS) _____

DATE OF BIRTH _____ **M/F** _____ **CCD GRADE** _____ 11/12 **CHURCH OF BAPTISM** (City and State) _____

NAME OF PUBLIC SCHOOL _____ **GRADE** _____ 11/12

CLASS PREFERENCE: **GRADES K-4 & 6th** _____ TUESDAY 4:30 – 5:45 p.m. **OR** **GRADES 1-5 & 7-8TH** _____ WEDNESDAY 4:30 –5:45 p.m.
GRADES 5 & 6* _____ TUESDAY MORNING 7:00-8:10 a.m. **OR** **GRADES 7 & 8*** _____ WEDNESDAY MORNING 7:00–8:15 a.m.

Please explain any medical information, emotional, learning or any other specific need that your child may have -- this may help our staff better serve your child.

STUDENT NAME (INDICATE LAST NAME IF DIFFERENT THAN YOURS) _____

DATE OF BIRTH _____ **M/F** _____ **CCD GRADE** _____ 11/12 **CHURCH OF BAPTISM** (City and State) _____

NAME OF PUBLIC SCHOOL _____ **GRADE** _____ 11/12

CLASS PREFERENCE: **GRADES K-4 & 6th** _____ TUESDAY 4:30 – 5:45 p.m. **OR** **GRADES 1-5 & 7-8TH** _____ WEDNESDAY 4:30 –5:45 p.m.
GRADES 5 & 6* _____ TUESDAY MORNING 7:00-8:10 a.m. **OR** **GRADES 7 & 8*** _____ WEDNESDAY MORNING 7:00–8:15 a.m.

Please explain any medical information, emotional, learning or any other specific need that your child may have -- this may help our staff better serve your child.

STUDENT NAME (INDICATE LAST NAME IF DIFFERENT THAN YOURS) _____

DATE OF BIRTH _____ **M/F** _____ **CCD GRADE** _____ 11/12 **CHURCH OF BAPTISM** (City and State) _____

NAME OF PUBLIC SCHOOL _____ **GRADE** _____ 11/12

CLASS PREFERENCE: **GRADES K-4 & 6th** _____ TUESDAY 4:30 – 5:45 p.m. **OR** **GRADES 1-5 & 7-8TH** _____ WEDNESDAY 4:30 –5:45 p.m.
GRADES 5 & 6* _____ TUESDAY MORNING 7:00-8:10 a.m. **OR** **GRADES 7 & 8*** _____ WEDNESDAY MORNING 7:00–8:15 a.m.

Please explain any medical information, emotional, learning or any other specific need that your child may have -- this may help our staff better serve your child.

* INDICATES A \$70 BUS FEE REQUIRED WITH MORNING CLASSES