

Family Registration for Religious Formation Classes (CCD)
Kindergarten through Sixth Grade
St. Gertrude Parish
2010-2011

Family Information	Religious Affiliation
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Family Name (Last) _____

Father's Name (First) _____ Catholic Other None

Mother's Name (First & Maiden) _____ Catholic Other None

Mailing Information	Character of Household
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(Correspondence should be addressed to the following ADULT:) (Circle one or more selections)

Name _____ Traditional Single Foster

Street _____ Separated Divorced Widowed

City _____ Guardianship Grandparents

Phone _____ () check if unlisted Cell _____

e-mail _____

Student Information

Please give information on those children whom you wish to register for Religious Formation Grades K through 6th.

Student's Name	Birth Date	Grade	✓ Please Check Box of Sacrament Received			
			Baptism	First Confession	First Communion	Confirmation

Confidential Information

Please give any information about medical conditions, allergies, family situation, learning problems or other information of which you feel is important for the administration to know.

In case of emergency during class, contact: Name: _____

Phones: _____

There is a \$15.00 book fee per child. Please enclose the fee with your registration. Return registration by way of the Sunday collection basket or mail to St. Gertrude Church, 303 Franklin Ave., Vandergrift, PA 15690.

Book Fee Paid _____ cash check Check No. _____ amount _____