

**2019-2020**

**St. Catherine of Bologna**

**CCD Registration Form**

**Grades 1-6**

\$180 for 1<sup>st</sup> child

\$200 for 2 children

\$220 for 3 or more children

\$50 Late Fee after September 1<sup>st</sup>

Child's Last Name	Child's First Name	Grade In September

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent Email(s) \_\_\_\_\_

Mother's Cell# \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Parents' Name \_\_\_\_\_

Please list any special, medical concerns you would like us to be made aware of:

\_\_\_\_\_

I also would like to help our children and be a part of the CCD Program    Yes    No    (please circle)

Office use: Payment \_\_\_\_\_