



St. Stephen Parish 2009-2010 CCD REGISTRATION FORM

DATE: _____

NAME: _____
Last, First, Middle

ADDRESS: _____
Number and Street
Town, State, Zip Code

PARENT(S) NAME(S): _____
Father's Full Name
Mother's Full Name w/ Maiden name

PHONE: Home _____ Work: _____ Cell: _____

Emergency Contact with Phone: _____
Name Phone

Grade in School for 2009-2010: _____ Grade in CCD (if different): _____

Any Special Needs or Concerns Teacher Should be Aware of: _____

\$125 per family (\$10 discount by June 30, 2009, \$10 late fee if after Sept. 9, 2009)

Payment Amount: _____ Cash or Check #: _____ Date: _____