



St. Stephen Parish
2010-2011 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 2010-2011: _____ Grade in CCD (if different): _____

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

\$125 per family (\$10 discount if registered by August 15, 2010; \$10 late fee if after September 8, 2010)

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