



**St. Stephen Parish**  
**2011-2012 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 2011-2012: \_\_\_\_\_ Grade in CCD (if different): \_\_\_\_\_

Any Special Needs or Concerns Teacher Should be Aware of: \_\_\_\_\_  
\_\_\_\_\_

**\$125 per family (\$10 discount if registered by June 30, 2011; \$10 late fee if after September 7, 2011)**

Payment Amount: \_\_\_\_\_ Cash or Check #: \_\_\_\_\_ Date: \_\_\_\_\_