

CCD SCHOOL OF RELIGION

Blessed Sacrament

Lincoln, NE

CY 2011 - 2012

PARENT/GUARDIAN INFORMATION			
Last Name:	Father's Name:	Mother's Name:	Mother's <u>Maiden Last Name</u> :
Address:		City/State:	Zip:
Home Phone:	Cell Phone:	Email:	

Are you registered in Blessed Sacrament Parish? Yes ____ No ____

*** If not which parish are you registered in? _____

(Permission must be given by your parish priest to be registered in our CCD program. Contact Father Sullivan for further information at 474-4249.)

Were your children registered in Blessed Sacrament CCD School of Religion during the 2010-2011 school year? Yes ____ No ____

Please list the name(s) and grade(s) of the child(ren) who will be attending Blessed Sacrament CCD School of Religion during the **2011-2012** school year. Please indicate what sacraments each child has received and the date in which it was received. **Please attach a copy of the sacramental certificates.** (Baptism, First Communion, and Confirmation)

STUDENT INFORMATION / CY 2009-2010							
Last Name:	First Name:	MI	Birth Date:	Age	Gender	School	Grade
SACRAMENTS - Indicate DATE RECEIVED and PARISH SACRAMENT RECEIVED							
Baptism Date:		1 st Communion Date:			Confirmation Date:		
Parish:		Parish:			Parish:		

Last Name:	First Name:	MI	Birth Date:	Age	Gender	School	Grade
SACRAMENTS - Indicate DATE RECEIVED and PARISH SACRAMENT RECEIVED							
Baptism Date:		1 st Communion Date:			Confirmation Date:		
Parish:		Parish:			Parish:		

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Last Name:	First Name:	MI	Birth Date:	Age	Gender	School	Grade
SACRAMENTS - Indicate DATE RECEIVED and PARISH SACRAMENT RECEIVED							
Baptism Date:		1 st Communion Date:			Confirmation Date:		
Parish:		Parish:			Parish:		

Fee \$40.00 per child. (Maximum \$100.00 per family) ** Scholarships and payment plans are available. **

Amount Paid \$ _____ Cash _____ Check NR _____ Date _____ Early Bird _____

Received by: _____ Date: _____