

Church of Our Lady of Grace & St. Joseph

400 Willow Avenue, Hoboken, NJ 07030 • 201-659-0369

2016 - 2017 CCD Registration Form

Please List ALL Children You Wish to Register for the CCD Program

First and Last Name	M /F	Date of Birth	Current School	Current School Grade	Baptism	First Penance	First Communion
					Y N	Y N	Y N
					Y N	Y N	Y N
					Y N	Y N	Y N
					Y N	Y N	Y N

* If Yes, please bring attach a copy of child's/children's Baptismal Certificate

Have any of these children had previous religious instruction in a school or parish other than OLG/St. Joseph? Yes / No

If yes, how long and at what parish/school? _____

Are there any medical conditions, allergies, or special needs that we need to be aware of?

Please list the names of parents/guardians (with whom the child resides). Please indicate who will serve as the "primary contact guardian" -- the person we should contact with news and information about the CCD program, its schedule, events, weather-related postponements and the student's progress.

Father's Name: _____
 Religion: _____

Street Address: _____
_____ City _____ State _____

Zip Code _____

Home Phone _____ Cell Phone: _____

E-Mail _____

Mother's Name: _____
 Maiden Name _____ Religion _____

Street Address: _____
_____ City _____ State _____

Zip Code _____

Home Phone _____ Cell Phone: _____

E-Mail _____

Who is the child's **primary contact guardian?** (Circle One)
 Mother Father Other (please list contact information below)

Who is authorized to drop off or pick up your child? (Circle One)
 Mother Father Other _____
 (cell phone) _____

I understand that my child's religious education includes attendance at mass. Our family plans to attend the following mass as part of that instruction (Circle one)

Our Lady of Grace: Saturday: 5pm • Sunday: 9am 10:30am 12:30pm (Spanish Mass)
7:30pm

St. Joseph: Sunday: 10:00am (Spanish Mass) 12:00 p.m.

Other Church (please church and what mass)_____

I understand that as part of his/her religious education, my child will miss no more than 3 classes during the 2016-2017 year. If my child misses more than 3 classes, I understand that make-up classes may be necessary.
Signature of parent or guardian_____

Date_____

A registration fee of \$40 for one child and \$30 for each additional child is required.
Please make check payable to Church of Our Lady of Grace and St. Joseph and return to
Church of Our Lady of Grace and St. Joseph, 400 Willow Avenue, Hoboken, NJ 07030