

# Church of Our Lady of Grace & St. Joseph Faith Formation

411 Clinton Street, Hoboken, NJ 07030

olgrace@optonline.net

201-659-0369 ext. 413

## 2018 – 2019 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

**\*Please attach a copy of child's/children's Baptismal Certificate**

I registering my child for the CCD program at: \_\_\_\_\_OLG    \_\_\_\_\_St. Joseph

Have your child(ren)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?\_\_\_\_\_

What was the last grade in CCD completed\_\_\_\_\_

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 cancellations and the student's progress.**

**Father's Name:** \_\_\_\_\_ **Religion:**\_\_\_\_\_

**Address:** \_\_\_\_\_ **City**\_\_\_\_\_ **State**\_\_\_\_\_ **Zip Code**\_\_\_\_\_

**Home Phone**\_\_\_\_\_ **Cell Phone:**\_\_\_\_\_ **E-Mail**\_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Religion:**\_\_\_\_\_

**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)  
(cell phone)\_\_\_\_\_

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 (church and mass)\_\_\_\_\_

Signature of parent/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 it after Masses or to the parish office at 411 Clinton Street, Hoboken, NJ 07030 by September 9<sup>th</sup>, 2018.