



Current Family Registration 2025-2026

Office Use Only
Date: _____

Amt Paid: _____
Cash ☐ Ck ☐ Ck#: _____

Parent Information, Handbooks, Newsletters, and Sacramental Preparation details will be communicated via email. Please clearly print your email addresses. If the numbers 0 or 1 are part of your email address please indicate this by putting a slash through these numbers.

***Please note: Children must complete two full years of Religious Education before receiving a Sacrament**

Family Name: _____

Father's Name: _____

Address: _____

Father's Cell: _____

City, State, Zip: _____

Mother's Name: _____

Home Telephone: _____

Mother's Cell: _____

Primary Email: _____

Secondary Email: _____

CCD Hours:

Tuesday: 4:30 pm-5:45 pm 1st & 3rd grade Thursday: 4:30 pm-5:45 pm 5th & 6th grade
Wednesday 4:30 pm-5:45 pm 2nd & 4th grade Thursday: 6:45 pm-8:00 pm 7th & 8th grade

Child's Name	Age	Date of Birth	Entering CCD Grade 2025-26
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Please list any additional information or changes that need to be known about any of your children, (medical, education, custodial parent changes, etc.)

Emergency Contact during class time (other than parents): _____

Teacher Request _____ Reason _____

Special Request _____ Reason _____

Registration Fee: Checks Made Payable to St. Dominic Church

1 Child - \$100.00 2 children - \$150.00 3 or more children - \$200.00

***8th GRADE STUDENTS pay \$80.00 in Confirmation fees, therefore a registration fee is NOT required for them.**

Please note: There will be a \$25.00 late fee applied for registration forms received after due date.

Parent Signature _____

Date _____

I consent to the use of any videotapes and/or photographs in which my child may appear by the Church of St. Dominic website and/or the CCD Program.

Parent/Guardian Signature _____

I do not wish to have my child photographed. Check Box ☐

Website: www.stdomccd.org ☐