



Church of Saint Dominic

OFFICE OF RELIGIOUS EDUCATION

Office use only

Date: _____

Amt Paid: _____

Cash ☐ Ck ☐ Ck#:

NEW FAMILY SUMMER C.C.D. REGISTRATION FORM 2025-2026

Grade 3th, 4th, 5th, 6th & 7th - July 7th-18th, 2025 (8:45 am- 2:00 pm)

Parent Information 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.

Family Name: _____

Address: _____

City, State, Zip: _____

Home Telephone: _____

Please attach a copy of your child's baptism, reconciliation & communion certificate and transcripts from your previous parish.

Father's Name: _____

Father's Cell: _____

Father's Email: _____

Mother's Name: _____

Mother's Cell: _____

Mother's Email: _____

One registration form per child.

| Child's Name | Age | Birth Date | Date of Baptism/ Church | CCD Grade 2025-2026 |
|--------------|-----|------------|-------------------------|------------------------|
|--------------|-----|------------|-------------------------|------------------------|

Emergency Contact during class time (other than parents):

Name: _____

Relationship: _____

Contact Number: _____

Please read carefully and sign below:

Tuition Fee: \$200.00 per child - Check Made Payable to St. Dominic Church.

I understand that in order for my child/children to be accepted into the CCD summer program, they must successfully complete the CCD class he/she is currently attending. I understand that there is a limit of 20 students per grade. Once the grade level reaches the 20-student limit, that class will be closed and a waiting list will be generated. In the event we cannot accommodate your child/children in the summer program your check will be returned to you, and you can register for our traditional Fall program in March. Please sign below.

Parent/Guardian 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. Sign below to give consent.

Parent/Guardian Signature _____ Date _____