

2008-2009 REGISTRATION--CCD CLASSES--GRADES 1-8

(fill out one form per student registering)

OFFICE OF RELIGIOUS EDUCATION, CHURCH OF ST. BARTHOLOMEW

6900 River Road, Bethesda, MD 20817

301-229-3431 cmills@stbartholomew.org

STUDENT FIRST NAME	STUDENT NICKNAME	STUDENT LAST NAME
SEX (Circle Below) Male Female	SCHOOL ATTENDING	GRADE AS OF FALL 2008
D.O.B.	STREET ADDRESS	
CITY	STATE	ZIP
FAMILY E-MAIL (Please write very clearly—this is how we communicate with you!)		

FATHER'S NAME	MOTHER'S NAME
RELIGION	RELIGION
WORK PHONE	CELL PHONE
WORK PHONE	CELL PHONE
E-MAIL	E-MAIL

PREFERRED SESSION (Circle One Below): Sunday 8:30-9:45 am Monday 6:00-7:15 pm	HOME PHONE
SIBLINGS (Names & Ages):	EDUCATIONAL NEEDS (How does your child learn best? Please indicate here and continue on back if necessary):

PLEASE ATTACH BAPTISMAL CERTIFICATE IF THIS IS THE STUDENT'S FIRST YEAR REGISTERING:	
BAPTISM DATE	FIRST EUCHARIST DATE
BAPTISM PARISH	FIRST EUCHARIST PARISH
BAPTISM PARISH ADDRESS	FIRST EUCHARIST PARISH ADDRESS

CCD is a volunteer effort. Please indicate below how you would help by circling your preference(s):

Teacher Substitute Room Parent

Teacher's Assistant Music

Zambia Orphanage Benefit

CCD Picnic Sacramental Receptions

Retreat Help Other (specify on back)

PLEASE INCLUDE CHECK AT TIME OF REGISTRATION:		
TUITION FOR 1 ST CHILD REGISTERED	\$120	
TUITION FOR 2 ND	\$ 60	
TUITION FOR 3 RD CHILD	\$ 60	
TUITION FOR 4 TH + CHILD	\$ 0	
FIRST EUCHARIST FEE (2 ND GRADE)	\$ 50/child	
CONFIRMATION FEE (8 TH GRADE)	\$ 50/child	
<i>Catholic Youth Bible (6th GRADE & UP)</i>	\$ 20/copy	
TOTAL		

_____ Please check if you do not wish student's name to be shared with other parishes.