



St. Elizabeth Ann Seton Parish

CCD Registration

Student Information

First _____ Middle _____ Last _____

Address _____

Date of Birth _____ / _____ / _____ Male _____ Female _____

Grade entering _____ School _____

Sacraments Celebrated

	Date (mm/year)	Church	City/ State
Baptism			
1 st Reconciliation			
1 st Eucharist			
Confirmation			

Parent Information

Name: Mother _____ Phone _____

Text Y _____ N _____

Father _____ Phone _____

Text Y _____ N _____

Email _____

Parish where family is registered _____

For office use only: check _____ cash _____ eGiving _____ Amount paid _____ Date _____