

2026-27 CCD Registration Form

ONE PER CHILD

CHILD: _____ **Grade:** _____

PARENTS:

Father _____

Cell Phone _____ EMAIL: _____

Mother (maiden name) _____

Cell Phone _____ EMAIL: _____

Student: Cell phone: _____ **Email:** _____

MAILING ADDRESS _____

City/St/Zip _____

PHYSICAL ADDRESS _____

City/St/Zip _____

Known Allergies / medical conditions: _____

ALL NEW STUDENTS TO CCD & Kindergarten students: IF YOU WERE NOT BAPTIZED AT HOLY TRINITY WE NEED A COPY OF YOUR BAPTISMAL CERTIFICATE.

*** We welcome all youth: Non-Catholic and students that have not received the sacrament of Baptism. All are welcome!!!**

Date of Baptism: _____

Church / City / St of Baptism: _____

Date of First Holy Communion: _____

Church / City / State of First Holy Communion: _____

IF YOU HAVE ANY QUESTIONS PLEASE CALL KARISSA JARZOMBK-830-534-8299 or email at:

karissaj@yahoo.com

Please email me this form or send me a picture of it-due September 1.

THANK YOU FOR YOUR CONTINUOUS SUPPORT!!!!