

2025-26 Religious Education
Registration Form

Our Divine Savior Catholic Church

PO Box 212
Tifton, GA 31793

Father's Name: _____
Home Phone: _____ Cell Phone: _____
Address: _____
Email: _____

Mother's Name: _____
Home Phone: _____ Cell Phone: _____
Address: _____
Email: _____

I want my child(ren) to attend: _____ CCD in English (Sundays) _____ CCD in Spanish (Saturdays)

1. Child's Name: _____
Birthdate: _____ Grade: _____

My child needs the following sacrament(s): (Circle all that apply)

BAPTISM *FIRST RECONCILIATION *FIRST COMMUNION **CONFIRMATION
(Year 1/Year 2)

*Place and date of baptism? _____

**Place and date of First Reconciliation y First Communion? _____

2. Child's Name: _____
Birthdate: _____ Grade: _____

My child needs the following sacrament(s): (Circle all that apply)

BAPTISM *FIRST RECONCILIATION *FIRST COMMUNION **CONFIRMATION
(Year 1/Year 2)

*Place and date of baptism? _____

**Place and date of First Reconciliation y First Communion? _____

If there are more children, see the back of this form.

The last date to register for CCD is Thursday, September 25, 2025. To be registered after this date, you will have to make an appointment with Father Peter in the office. Understand that if your child needs sacramental preparation, the first class is set for September 28, 2025. If you register after this date, you will need to set up a meeting with the Director of Religious Education to get caught up on the missed lesson.

3. Child's Name: _____
Birthdate: _____ Grade: _____

My child needs the following sacrament(s): (Circle all that apply)

BAPTISM *FIRST RECONCILIATION *FIRST COMMUNION **CONFIRMATION
(Year 1/Year 2)

*Place and date of baptism? _____

**Place and date of First Reconciliation y First Communion? _____

4. Child's Name: _____
Birthdate: _____ Grade: _____

My child needs the following sacrament(s): (Circle all that apply)

BAPTISM *FIRST RECONCILIATION *FIRST COMMUNION **CONFIRMATION
(Year 1/Year 2)

*Place and date of baptism? _____

**Place and date of First Reconciliation y First Communion? _____

Emergency Contact (person and relation): _____
Telephone: _____

Any health concerns? ¿Allergies?

Does your child have any learning disability, or is your child enrolled in a special needs class that we should be aware of? ____ Yes ____ No Please specify so we can provide the best services possible:

Is there anything else we should know? _____

I, the parent/guardian of _____ (list all children's names) who is/are under the age of 18 years old, ask that my child participate in the CCD program (Religious Education) at Our Divine Savior in Tifton, GA.

DATE

SIGNATURE OF PARENT/GUARDIAN

I give permission for a photo to be taken of my child/ren. This image may be used as part of an art project in the classroom, as part of the CCD archives, or to exhibit in the church.

DATE

SIGNATURE OF PARENT/GUARDIAN

Office Use Only:

_____ Sacramental Preparation
CCD Language: _____ English

_____ EDGE
_____ Spanish

_____ Life Teen

Fee: 1 Child: \$30 2 Children: \$40 3 Children: \$45 4 Children or more: \$50

Fees Owed: _____

Amount Paid: _____

Date of Payment: _____

Type of Payment: _____ Cash _____ Check, # of Check _____

Initials: _____