

ST. BASIL CHURCH CCD REGISTRATION- CCD YEAR 2024-2025
PLEASE MAIL REGISTRATION & PAYMENT BY APRIL 30, 2024 DUE DATE
REQUIRED FOR GRADES 1ST -10TH (9TH/10th as Potential Confirmation Candidates)
*****REGISTRATION FEE: \$30.00 PER CHILD until April 30th/\$40.00 After Due Date*****

NOTE: You MUST be a registered member of the parish & appear on the church census to be enrolled in the CCD Program. Fill out the census form that is available online, if necessary.

-Parents of students entering 1st grade...A copy of the child's Baptismal Certificate must accompany the registration form for the registration process to be completed.

-Students entering 2nd – 10th Grade as a NEW student in the St. Basil CCD Program:

A copy of the Baptism & Communion Certificate will be needed. **CCD Records or a letter from the DRE or Religion Coordinator from the church parish your child attended previously is also required.** The certificates and records should accompany the registration form & payment for the child(ren) for the registration process to be completed.

Mail to St. Basil Church/Attention CCD, 1803 Duhon Rd. Duson LA 70529 or put in an envelope, labeled CCD Registration and drop it in the collection basket at Mass. Please list the child's/children's name in the MEMO area on the check.

Parent Information:

Father's Name _____ Religion _____

Mother's Name _____ Religion _____

(First, Middle, Maiden, Married)

Home Address _____ Zip Code _____

Phone #s _____ Work #s _____

Email(s) _____

Guardian Information, if applicable:

Name _____ Relationship _____

Address, if different from above _____ Zip Code _____

Phone #s _____ Work #s _____

Email(s) _____

_____ **Check here, if you are requesting Home Taught Materials (Option for ONLY Grade 1 – 6)**

_____ **Check here, if you are interested in volunteering as a CCD Teacher/Substitute**

Volunteer's Name _____

Please list your child's information below. If you are registering more than one child in the program, please fill out a form for each child. THANK YOU!

STUDENT INFORMATION

NAME: _____ **(First, Middle & Last)**

Male__ Female__ Date of Birth _____ Place of Birth (City & State) _____

Attended CCD @ St. Basil Last Year? __Yes __No If no, where? _____

Name of Public/Private School Your Child Attends _____

Grade for the 2024-2025 School/CCD Year _____ Food Allergies: __Yes __No

If yes, please explain:

