

STUDENT REGISTRATION FOR RELIGIOUS EDUCATION
ST. ANN AND ST, VINCENT DE PAUL
134 MAIN ST, LENOX, MA 01240

Date _____ CCD GRADE _____

Registered member of St. Ann _____ St. Vincent DePaul _____ Other _____

*All families need to be registered at a parish to attend CCD.

LAST NAME, FIRST NAME AND MIDDLE NAME

BIRTH DATE

HOME ADDRESS

PHONE # HOME _____ CELL _____ EMAIL ADDRESS _____

School Attending and Grade _____

Phone # that a parent can be reached at during CCD _____

Father's Name and Address _____

Father's Phone# Home _____ Work _____ Cell _____

Mother's Name and Address _____

Mother's Phone # Home _____ Work _____ Cell _____

*Emergency Contact- Name, Phone #, Relationship

Please list any special needs or allergies

****INCLUDE A COPY OF YOUR CHILDS BAPTISMAL and /or FIRST COMMUNION CERTIFICATE AT THE TIME OF ENROLLMENT**

(**ONLY** if NOT at St. Ann or St. Vincent DePaul) & **ONLY** if he/she is receiving First Holy Communion or Confirmation

Sacraments Received and Date:

Baptism Date _____

Church _____ Address _____

First Communion Date _____

Church _____ Address _____

Fee \$20 per child or \$30 per family _____ Rec'd _____

If this fee is a hardship please call Monsignor