

**ST. BASIL CHURCH CCD REGISTRATION/ PLEASE MAIL REGISTRATION & PAYMENT BY APRIL 30, 2021**

**REQUIRED FOR GRADES 1<sup>ST</sup> – CONFIRMATION CANDIDATES**

NOTE: You must be a registered member in the church parish & appear on the church census to be enrolled in the CCD Program. Fill out the census form that is available on line at stbasiljudice.org on the front page in the Quick Links section.

Parents of students entering 1<sup>st</sup> grade must also include a Baptismal Certificate with the registration form for the registration process to be completed.

A Baptismal Certificate & Communion Certificate will be needed for students entering 2<sup>nd</sup> – 11<sup>th</sup> grades as a **NEW** student in the St. Basil CCD Program, if they apply. These should accompany the registration form for the registration process to be completed. CCD records or a letter from the DRE or Religion Coordinator from the church parish your child attended previously is also required. You can request records or the letter to be faxed to St. Basil Church 337-988-3793.

**Registration Fee: \$20.00 per child**

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

**Parent Information:**

Father's Name: \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion \_\_\_\_\_  
(First, Middle, Maiden, Married)

Home Address: \_\_\_\_\_

Cell # His: \_\_\_\_\_ Her's \_\_\_\_\_ Work # \_\_\_\_\_

Email Address: \_\_\_\_\_

**Guardian Information, if applicable:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Email \_\_\_\_\_

Check here  if you are interested in volunteering as a CCD Teacher

Volunteer's Name \_\_\_\_\_

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

**STUDENT INFORMATION:**

NAME \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

(First, Middle, Last)

Date of Birth \_\_\_\_\_ Place of Birth (City & State) \_\_\_\_\_

Attended CCD Last Year?  Yes  No If yes, where? \_\_\_\_\_

School your child attends \_\_\_\_\_ Grade In School \_\_\_\_\_

Check here if you are requesting Parent Home Taught Materials (Only 1<sup>st</sup> – 8<sup>th</sup> Grade Option)