

ST. BASIL CHURCH CCD REGISTRATION
PLEASE MAIL REGISTRATION & PAYMENT BY APRIL 30, 2022
REQUIRED FOR GRADES 1ST – 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 1st 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 **NEW** students entering 2nd – 11th grades as a **NEW** student in the St. Basil CCD Program, when applying. The records 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: _____

Please check your emails with subject titled "St. Basil CCD". Updates & notifications are emailed from the CCD office with information on file. Please update your information, if needed, throughout the year.

Guardian Information, if applicable:

Name: _____ Relationship _____

Address: _____

Cell # _____ Work # _____ Email _____

Please list your child's information below. If you are registering more than one child, please fill out a form 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 for next year _____

Food Allergies/Other _____ If "Yes", explain _____

____ Check here, if you are requesting Parent Home Taught Materials (Only 1st – 8th Grade Option)

____ Check here, if you are interested in volunteering as a CCD Teacher/Assistant or Substitute

Volunteer's Name _____ Phone # _____