



**DIOCESE OF CHALAN KANOA**  
 Commonwealth of Northern Mariana Islands, Saipan MP 96950  
**OFFICE OF RELIGIOUS EDUCATION**

**CCD STUDENT REGISTRATION FORM**

**PARISH:**

<b>Name of Student:</b>		Last	First	Middle Name
<b>Mailing Address</b>		P.O. Box	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>Village/Residence:</b>		<b>Date of Birth:</b>		<b>Grade:</b>
List all of the student's medical concerns, allergies, behavioral issues or physical limitations (asthma, diabetes, seizures, etc.)				
<b>Mother's Name:</b>		<b>Tel #:(HOME):</b>		<b>Email Add:</b>
		(CELL)		
<b>Employer:</b>		<b>Occupation:</b>		<b>Work Phone #:</b>
<b>Father's Name:</b>		<b>Tel #:</b>		<b>Email Add:</b>
<b>Employer:</b>		<b>Occupation</b>		<b>Work Phone #</b>
<b>Guardian's Name:</b>		<b>Tel # (Home)</b>		<b>Cell:</b>
<b>In case of Emergency, Call:</b>		First & Last Name	Home Phone #:	Cell:

*I, the undersigned, hereby acknowledge that I am aware of my responsibility as the parent (s) or Legal Guardian of the child registered above and that I will take responsibility in assuring that my child fulfill the requirements of this Parish Catechetical (CCD) Program for this year.*

Signature of Parent  /Guardian

Date:

**Authorized name to pick child from CCD classes**

1.	Relationship to the child:
2.	Relationship to the child:
3.	Relationship to the child:

**CCD OFFICE USE ONLY**

<b>Baptism</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Received at:</b>	<b>Date:</b>
<b>First Holy Communion</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Received at:</b>	<b>Date</b>
<b>Confirmation</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Received at:</b>	<b>Date</b>
<b>Registration Date:</b>	<b>GRADE LEVEL</b>		
<b>\$15 Reg. Fee/Receipt #:</b>	K <input type="checkbox"/>	5 <input type="checkbox"/>	2 HC <input type="checkbox"/> 7 HC <input type="checkbox"/> 9 - 11 Pre-Con <input type="checkbox"/>
<b>Baptismal Cert. submitted:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	1 <input type="checkbox"/>	6 <input type="checkbox"/>	3 HC <input type="checkbox"/> 8 HC <input type="checkbox"/> 10-12 Confirm <input type="checkbox"/>
<b>1<sup>st</sup> Holy Comm. Cert. submitted:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	2 <input type="checkbox"/>	7 <input type="checkbox"/>	4 HC <input type="checkbox"/> JR HC <input type="checkbox"/>
<b>Confirmation . Cert. submitted:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	3 <input type="checkbox"/>	8 <input type="checkbox"/>	5 HC <input type="checkbox"/> SR HC <input type="checkbox"/>
	4 <input type="checkbox"/>		6HC <input type="checkbox"/>

**PARENTAL CONSENT FOR RELEASE OF STUDENT PHOTOGRAPH AND INFORMATION**

I hereby give permission to the Diocese of Chalan Kanoa the use of my child's photograph, video image, voice recording and participation in officially recognized diocesan activities in the North Star, brochures, leaflets and other printed materials, diocesan website, youtube, facebook and other social media accounts and/or similar diocesan sponsored publications or in diocesan approved news media interviews, releases, articles and photographs. I understand that without checking the permission box my child's name and photograph cannot and will not be included in any publication or presentation.

I give permission

I do not give permission