

**St. Joseph the Worker Parish CCD**  
**Family Registration Form**  
**2018-19**

Family Last Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

\*\*E-mail: \_\_\_\_\_

**(Important notices and information on closures will be sent through email; please print clearly)**

Father's Full Name \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

**(Include Maiden Name)**

If there are step-parents, please list: \_\_\_\_\_

**Please list ALL children in the household:**

Full name	Age	Grade	Attending CCD
_____	_____	_____	Y N
_____	_____	_____	Y N
_____	_____	_____	Y N
_____	_____	_____	Y N
_____	_____	_____	Y N
_____	_____	_____	Y N

Please check one	OFFICE USE ONLY		
One Student - \$25.00 <input type="checkbox"/>	Date	of	Payment
Two or more students - \$50.00 <input type="checkbox"/>	Amount		Paid
	Cash	or	Check