



HOLY FAMILY CATHOLIC CHURCH

CCD Registration Form 2023 – 2024

REGISTRATION INFORMATION: Please complete one form for each child. Include the registration fee of \$50.00 per child (family of 3 or more pay \$120). Please make check payable to **Holy Family**. Return the completed form to the parish office or bring to Mass and place in the Offering basket.

Baptismal Name

Student's Full Name _____

First

Middle

Last

Gender

_____ Male

_____ Female

School attended _____

Grade Level _____

Father's Name _____

Phone # _____

Address _____

Religion _____

Occupation _____

Registered in parish Y / N

Mother's Name _____

Phone # _____

Address _____

Religion _____

Occupation _____

Registered in parish Y / N

Name of the parish church in which your child was baptized _____

City and State of the church of baptism _____

Date of Baptism _____

WHEN RECEIVING THE SACRAMENT OF FIRST HOLY COMMUNION OR CONFIRMATION: A copy of the Baptismal Certificate is required with the registration if not baptized at Holy Family Parish, Ashland, KY.

Sacraments student has received:

_____ Baptism

_____ Penance

_____ First Holy Communion

_____ Confirmation

Student lives with:

_____ Both parents

_____ Father

_____ Mother

_____ Guardian

Mail to be sent to:

_____ Both parents

_____ Father

_____ Mother

_____ Guardian

Please list any allergies, important medical information, or special needs: