

2024-25 St. Michael's CCD Registration Form – Please Print

If filling this form out electronically, please **Save** this form before closing it to ensure data entered is not lost.

Please return this form and tuition payment to:

(1) St. Michael's Religious Education Office, 16 Beechwood Avenue, West Long Branch, NJ 07764 OR

(2) St. Michael's Parish Office, 800 Ocean Avenue, Long Branch, NJ 07740

Please contact Mr. Kevin Connolly, Director of Religious Education, with any questions at 732-483-0360 extension 2 or by email at: kconnelly@stmichaelnj.com

Please use additional paper for answers, if needed.

STUDENT INFORMATION

Student Name:

(Last Name, First Name, Middle Initial)

Grade:

Date of Birth:

Place of Birth:

(Choose one:)

Female

Male

Home Address:

(#, Street, City, State, Zip)

List any medical condition (Allergies, etc.):

List any special needs (Learning or other):

Emergency Contact Information:

(Contact Name)

(Phone)

(Relationship to Student)

SACRAMENTAL RECORDS (A one-time copy of Baptismal Certificate required for every child in program.)

Baptism:

(Date)

(Parish, Town & State)

1st Eucharist:

(Date)

(Parish, Town & State)

TRANSFER INFORMATION (prior to St. Michael's CCD program):

Prior CCD Education:

(Parish, Town & State)

CCD SESSIONS

Choose your CCD Session: Please select your choice below.

Tuesdays: Grades 1-7 Time: 4:00 P.M. to 5:15 P.M.

Hybrid/Homeschool

PAYMENT

Tuition: 1 Child: \$110, 2 Children: \$200

Checks made to St. Michael's Church.

We want your family involved in CCD. No one is turned away for financial reasons. If you need financial assistance, please call 732-483-0360 extension 2 for Mr. Kevin Connolly, Director of Religious Education.

FAMILY INFORMATION:

Mother's Maiden Name:

(Last Name, First Name, Middle Initial)

Religion:

Mother's Mobile Phone #:

Email Address:

Father's Name:

(Last Name, First Name, Middle Initial)

Religion:

Father's Mobile Phone #:

Email Address:

Parent Marital Status:

Married

Widowed

Divorced

Separated

Single

LEGAL GUARDIAN (if applicable):

Name of Legal Guardian, if different than above:

(Last Name, First Name)

Address:

(#, Street, City, State, Zip)

Mobile Phone #:

Email Address:

OTHER

Child resides with: Mother Father Grandparent Other(specify):

Any Additional Comments:

As a parent/guardian, I understand that God has entrusted me to nurture my children in the Church given for our salvation by Christ and to love Him with their whole heart and soul. I am entrusting the St. Michael's CCD to assist me in this effort and on my part I will attend meetings and support retreats, fundraising and other efforts to make it a vibrant program.

I also consent to the use of any videotapes and/or photographs in which my child may appear by the Diocese of Trenton and/or parish. I understand that these materials may be used for promotion of the parish Religious Education programs and/activities which may include recruitment and fundraising efforts.

Parent/Guardian Signature:

Date: