St. Stan's Kostka Roman Catholic Church: Religious Education Program 2021-22

_____ DOB _____ **CCD GRADE** _____

Student's Last Name **Student's First Name** **M/D/Y**

_____ _____ _____

Address City State Zip Telephone

_____ _____ _____

Father's Last Name **Father's First Name** Father's Religion

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Address City State/Zip Telephone/Cell

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Mother's Last Name **Mother's First Name** Mother's Religion

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Address City State/Zip Telephone/Cell

Contact email addresses (print)……..

Received Sacraments	YES	NO
BAPTISM		
PENANCE		
COMMUNION		

Special info needed to be known to Director or Catechists about child ……

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_____ _____ _____

Signature Applicant"s Parent/Guardian Date Signature Director Religious Education/Representative

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Paid / amount……..…….