

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

_____ DOB _____ CCD GRADE _____
Student's Last Name **Student's First Name** **M/D/Y**

_____ City _____ State _____ Zip _____ Telephone _____
 Address

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

 Address City State/Zip Telephone/Cell

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

 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

 Paid / amount.....