

**St. Thomas the Apostle Catholic Church**

**CCD Registration Form 2018-2019**

*Tuition: 1 Student \$80.00; 2 Students \$125.00; 3 or more Students \$155.00*

**Sacramental Year Additional Fee: 2nd Grade \$50.00; 8th Grade \$25.00**

***Make checks payable to St. Thomas CCD at the time of registration and send to***

**Angie Robenstein 1942 Chestnut Lane, Washington IL 61571**

**AUGUST 15th DEADLINE TO REGISTER**

\_\_\_\_\_ My child(ren) will not be attending CCD in 2018- 19. Share reason, if you wish \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Complete  
Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail Addresses you wish to receive information to \_\_\_\_\_

**First Child's Name**

\_\_\_\_\_

Grade \_\_\_\_\_ Church and City of Baptism \_\_\_\_\_

Special Needs we should be aware of \_\_\_\_\_

**Second Child's Name** \_\_\_\_\_

Grade \_\_\_\_\_ Church and City of Baptism \_\_\_\_\_

Special Needs we should be aware of \_\_\_\_\_

**Third Child's Name** \_\_\_\_\_

Grade \_\_\_\_\_ Church and City of Baptism \_\_\_\_\_

Special Needs we should be aware of \_\_\_\_\_

***If your child was baptized in another Parish, please provide a copy of their baptismal certificate, if you have not done so previously.***

**Office Use Only**

PD Amount: \_\_\_\_\_ Ck# \_\_\_\_\_ Cash \_\_\_\_\_ Church Office \_\_\_\_\_ Baptism \_\_\_\_\_