

CONTINUING CHRISTIAN DEVELOPMENT

The Religious Education Office
Diocese of Hamilton, Bermuda
REGISTRATION September - June
(Please complete in BLOCK LETTERS)

(All information submitted will be recorded as written, please ensure clarity and correct spelling is used)

Child's Last Name: _____	Male _____	Female _____
First Name: _____	Middle Names:- _____	
Home address _____ (Street # and Name)	_____ (Parish)	Postal Code _____
Date of Birth: _____ (dd/mmm/yy)	Country of Birth: _____	Nationality _____

Father's Name: _____ Religion: _____
(Full name)

This is my First Marriage <input type="checkbox"/>	Married by Priest? Yes <input type="checkbox"/> No <input type="checkbox"/>	Home Tel: _____	Cell #: _____
Second Marriage <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Email work: _____	
Contact in case of emergency Yes <input type="checkbox"/> No <input type="checkbox"/>		Email home: _____	
		Primary contact Yes <input type="checkbox"/> No <input type="checkbox"/>	

Mother's Name: _____ Religion: _____
(Full name) (Maiden Name)

This is my First Marriage <input type="checkbox"/>	Married by Priest? Yes <input type="checkbox"/> No <input type="checkbox"/>	Home Tel: _____	Cell #: _____
Second Marriage <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Email work: _____	
Contact in case of emergency Yes <input type="checkbox"/> No <input type="checkbox"/>		Email home: _____	
		Primary contact Yes <input type="checkbox"/> No <input type="checkbox"/>	

Guardian's Name/(if applicable): _____
Relationship to student: _____ Primary contact Yes No
Home Tel: _____ Work Tel: _____ Cell Tel _____

SACRAMENTAL INFORMATION

Copy of all documents required with this registration form for Sacraments received overseas (outside of Bermuda)

Date of Baptism: _____ Registration No. _____ Church Name & Address _____
(dd/mmm/yy)

Date of First Penance: _____ Church Name & Address _____
(dd/mmm/yy)

Date of First Holy Communion: _____ Church Name Address _____
(dd/mmm/yy)

Siblings currently attending CCD (eldest to youngest)

Name: _____ Age _____ School attending _____

Name: _____ Age _____ School attending _____

Name: _____ Age _____ School attending _____

Medical History:

Please advise if your child has any medical condition(s) or suffers from any allergies: _____

Does your child have any learning disabilities _____

Name of School presently attending _____ Grade _____

Notes:

1. Please attach a copy of Baptism certificate or local Church Registration number _____
2. Please include fee of \$140 PAYABLE TO PARISH CHURCH

To be completed by interviewer

Parish Church: _____ Grade for September (____) _____
(year) (grade)

Fees Paid Yes No Receipt # _____

Start date _____ Approved by: _____
(dd/mmm/yy)

Notes by _____ (receiving person's name)

Visit with Parish Priest required Yes No Registered on Parish Soft Data base - Done Yes No

Date _____ Parish Priest _____

Recommendations by Parish Priest:

Sent to: The Religious Education office, Diocesan Centre, 1 Laffan Street, Hamilton HM 09

Date _____ Attachments: _____

CCD Fees Paid Check Cash Assisted Receipt # _____