

Date Registration Received: _____/_____/_____
Date Payment Received: _____/_____/_____

Mary, Gate of Heaven Parish - Faith Formation

St. Mary/St. Robert Bellarmine Churches 2025-26

Tuition Enclosed: Y N Amt: Cash Check#
Gr1-9: if before 8/1/25, tuition is \$50 for 1 child/\$90 for 2+; if after 8/1, \$60 for 1/\$100 for 2+. Gr10: \$50 pp. Make checks payable to *Mary, Gate of Heaven Parish*; Gr1-9 CCD Registration/Gr10 Confirmation on memo line.

Family - Last Name(s): _____

Number of children being registered in the 1-9th Grade Program: _____

Number of children being registered in the 10th Grade Program: _____

Parent's Names:

Father - First & Last Name

Mother - First & Last Name

(MAIDEN)

Marital Status:

S M D

W

Home/Work Phone:

Father

Mother

Cell Phone:

Father

Mother

Parent E-mail(s):

Information for the CCD Program will be distributed via email.

Emergency Contact:

Name

Relationship to child/children

Phone

In case of emergency during CCD class,
Parent Cell # will be called 1st, then the
Emergency Contact # will be called.

Send Correspondence To:

Name

Alternate Email/Phone #

Student #1 Information

Child's Name:

First

Last

Gender: _____ CCD Last Year Yes @ MGOH Yes @ Other School: _____ No

Date of Birth:

Month

Day

Year

Grade in CCD in Sept. 2025: _____

Place of Birth: _____

Address:

DAY/TIME Preferred* (*We'll notify you)

M 7-8:15pm Gr6-9 T 4:15-5:15 Gr2-4

W 1:35-2:45 Gr6-8 W 4:15-5:15 Gr 1, 5

Please list any Allergies/Special Needs on back.

Child has received the following Sacraments:

SACRAMENT

DATE

NAME OF CHURCH, TOWN, & STATE

Baptism:

Y N

Reconciliation:

Y N

Eucharist:

Y N

Families must be registered in Mary, Gate of Heaven Parish to have children be part of CCD.

Signature of Parent: _____