

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: _____