

# Mary, Gate of Heaven Parish - Faith Formation

St. Mary/St. Robert Bellarmine Churches

## REGISTRATION FOR CCD 2026-27 PAGE 1 of 2

Tuition Enclosed: Y N Amt: \_\_\_\_\_ Cash Check# \_\_\_\_\_

Gr1-8: if before 8/1/26, tuition is \$50 for 1 child/\$90 for 2+; if after 8/1, \$60 for 1/\$100 for 2+. Gr9+10: \$50 pp. Make checks payable to Mary, Gate of Heaven Parish - on Memo Line: Gr1-8 CCD Registration/Gr9+Gr10 Confirmation CCD.

### FAMILY INFORMATION

	<u>Mother</u>	<u>Father</u>
First & Last Name:		
Email:		
Send Correspondence to this email?*		
Cell Phone #:		
Maiden Name:		

**\*Information for the CCD Program will be distributed via email.**

Marital Status: S M D W

Street Address	
City, State Zip	

### EMERGENCY INFORMATION

	Emergency Contact:
First & Last Name:	
Phone #:	
Relationship to Child	

In case of emergency during CCD class, Parent Cell Phone #'s will be called 1<sup>st</sup>, then the Emergency Contact # will be called.

**TURN PAGE OVER**

Date Received Registration: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Paid Tuition: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Mary, Gate of Heaven Parish - Faith Formation

St. Mary/St. Robert Bellarmine Churches  
**REGISTRATION FOR CCD 2026-27 PAGE 2 of 2**

## STUDENT INFORMATION

Student Info:	
First Name:	
Last Name:	
Town of Birth	
Date of Birth:	
Gender:	
CCD Last Year?	<input type="checkbox"/> Yes @ MGOH <input type="checkbox"/> Yes @ Other School <input type="checkbox"/> No
Photo Permission for Bulletin:	<input type="checkbox"/> Yes <input type="checkbox"/> No
CCD Grade this fall:	
Preferred Day/Time for CCD**:	
Allergies/ Special Needs:	

**\*\*based on availability below. DRE will email you to confirm which day/time for your class.**

Sunday <sup>1</sup>	Monday 7-8:15pm	Tuesday 4:15-5:15pm	Wed PLC	Wed 4:15-5:15pm
Grade K	Grades 6, 8, + 9	Grades 3 + 4	Grade 7	Grades 2, 4, + 5

<sup>1</sup>after Kid's Mass (1x/month)

**Grade 1:** TBD Tuesday or Wednesday 4:15-5:15pm

My child has received the following Sacraments:

SACRAMENTS:	<u>Received:</u>	<u>Date</u>	<u>Church, Town, State</u>
Baptism:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Reconciliation:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Eucharist:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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

Parent  
Signature: