St. Hedwig's Roman Catholic Church: Religious Education Program

_____ DOB _____ **CCD GRADE** _____

Student's Last Name　　　　**Student's First Name**　　　　**M/D/Y**

_____ _____ _____

Address　　　　　　　City　　　　　State Zip　　　　　Telephone

_____ _____ _____

Father's Last Name　　　　**Father's First Name**　　　　Father's Religion

-------------------------------------- ------------------ --------------- -------------------------

Address　　　　　　　City　　　　　State/Zip　　　　Telephone/Cell

-------------------------------------- --------------------------------- ----------------------------

Mother's Last Name　　　　**Mother's First Name**　　　　Mother's Religion

-------------------------------------- ------------------ --------------- -------------------------

Address　　　　　　　City　　　　　State/Zip　　　　Telephone/Cell

MAIL ADDRESS (PLEASE PRINT) IMORTANT!

…….

Received Sacraments	YES	NO	CERTIFICATE
BAPTISM			
PENANCE			
COMMUNION			

_____ _____ _____

Signature Applicant''s Parent/Guardian　　　Date　　Signature Director Religious Education/Representative

----

Paid cash / check …………..…………………………….