

Saint Pius X - Confraternity of Christian Doctrine
220 South Lawrence Road, Broomall, PA 19008

REGISTRATION - RETURNING STUDENTS

FAMILY NAME _____

ADDRESS _____

_____ HOME PHONE _____

WORK PHONE: _____ (father) _____ (mother)

E-Mail ADDRESS: _____

Is family registered in SPX parish? _____ Other parish? _____.

Which Mass does the family usually attend? _____

Number of Persons in Household _____ Has any family information changed? _____.

Is there a legal custody order or agreement for any of the children? _____
(if "yes", current copy must be provided to C.C.D. Office by September 15 each year
or whenever revised)

Is there an I.E.P. in place for any of the children? _____
(If "yes", please provide copy to C.C.D. Office by October 1 so that needs of child
are addressed.)

STUDENTS TO BE REGISTERED:		C.C.D.		Session
Name of Student	Date of Birth	Grade **	School	Preferred
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

N.B. For session preferred, indicate afternoon or evening;
use "A" to designate afternoon and "E" to designate evening.
Afternoon classes meet Tuesdays 4:15 P.M. to 5:30 P.M. (K-6, special ed)
Evening classes meet Tuesdays 6:45 P.M. to 8:00 P.M. (K-12, ungraded)

Parent who can help with CCD Program: _____

Please check any areas in which you can help:

___ C.C.D. Teacher ___ Classroom Aide ___ Hall Monitor ___ Phone Calls ___ Music ___

Registration Fees: (deduct \$25. per student if Registration completed before August 1.)
\$225. per child: levels 1-6 & Sacrament Preparation; (\$215. with email address
\$135. per student for grades/levels 7-12 (Sacraments completed).
\$135. per child in Kindergarten: (\$125. with email address for grades K, 7-12)
\$ 50. additional per student for out-of-parish & non-registered families.

**Saint Pius X - Confraternity of Christian Doctrine
220 South Lawrence Road, Broomall, PA 19008
REGISTRATION - NEW STUDENT**

NAME _____ **SEX** _____
Baptismal Name Last

NICKNAME _____ **Date of Birth** _____

ADDRESS _____

E-MAIL ADDRESS: _____

HOME PHONE _____

Ethnic Background: _____ **Caucasian** _____ **Asian** _____ **Hispanic** _____ **African American**

FATHER'S NAME _____
(Birth Father or Legal Adoption) first middle last

MOTHER'S NAME _____
(Birth Mother or Legal Adoption) first **MAIDEN** last

FATHER'S OCCUPATION _____ **LOCATION** _____

WORK PHONE _____ **CELL PHONE** _____

MOTHER'S OCCUPATION _____ **LOCATION** _____

WORK PHONE _____ **CELL PHONE** _____

RELIGION: FATHER _____ **MOTHER** _____

MARITAL STATUS OF PARENTS _____

CHURCH/PLACE OF MARRIAGE _____

_____ **DATE** _____
city

STEP-PARENT/GUARDIANS _____
(if applicable)

STEP-PARENT MAIDEN NAME _____ **RELIGION** _____

HEALTH INFORMATION & LEARNING DISABILITIES:

(list any health problems or learning disabilities of which we should be aware and/or which will affect classroom performance.)

Does child have an I.E.P.? _____ If yes, please provide to C.C.D. Office so we can best meet the needs of the child.

Session Preference: _____
Afternoon - 4:15 P.M. to 5:30 P.M. Evening - 6:45 P.M. to 8:00 P.M.
(over)

Child lives with: _____ Both Parents _____ Father _____ Mother
_____ Joint Custody _____ Grandparents _____ Guardian

Is there a legal custody order or agreement in place, for this child?
_____ If yes, a copy must be provided to the C.C.D. Office by
September 15 of each year.

Is family registered in St. Pius X Parish? _____.

Which Mass does the family usually attend? _____.

NAME OF SCHOOL FOR 2011-12 _____.

CHILD'S GRADE IN PUBLIC SCHOOL _____ CCD GRADE LEVEL _____

PREVIOUS C.C.D. _____

PREVIOUS PAROCHIAL SCHOOL _____.

SACRAMENTS CHILD HAS RECEIVED:

Baptism

Name of Church	Date
_____	_____
Address _____	

Penance

Name of Church	City	Date
_____	_____	_____

Eucharist

Name of Church	City	Date
_____	_____	_____

Confirmation

Name of Church	City	Date
_____	_____	_____

Other Children Living at Home:

Name	School	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent who can help with C.C.D. Program _____

Please check areas in which you can help:

_____ C.C.D. Teacher _____ Classroom Aide _____ Hall Monitor _____ Music _____ Phone Calls

Registration Fees: \$225. per child in grades/levels 1-6 and students who are preparing for Sacraments; (\$215. with a working email address). \$135. per child in "K", grades/levels 7 -12 (completed sacraments); (deduct \$10. per child if working email address is provided; deduct \$25, per child if Registration is completed before August 1.) \$50. additional fee for students who are non-parishioners.