

Good Samaritan Religious Education

55 Church Street, Ellijay, GA 30540

Phone: 706-636-2772 | web: www.goodsamaritanellijay.com

CCD Registration Form

Family Name: _____

Are you a registered church member at Good Samaritan? _____

Address: _____ City: _____ Zip: _____

Home phone: _____

Parent Information

Mother's Name _____

Cell phone: _____ Work phone: _____

Father's Name: _____

Cell Phone: _____ Work Phone: _____

Emergency Contact info in case parents cannot be reached:

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Child Information

Name: _____ Date of Birth: _____ Grade: _____

Has your child attended CCD before? YES NO How many years? _____

Sacraments Received:

Baptism: YES NO Date Received: _____

Communion/Reconciliation: YES NO Date Received: _____

Confirmation: YES NO Date Received: _____

Name: _____ Date of Birth: _____ Grade: _____

Has your child attended CCD before? YES NO How many years? _____

Sacraments Received:

Baptism: YES NO Date Received: _____

Communion/Reconciliation: YES NO Date Received: _____

Confirmation: YES NO Date Received: _____

Name: _____ Date of Birth: _____ Grade: _____

Has your child attended CCD before? YES NO How many years? _____

Sacraments Received:

Baptism: YES NO Date Received: _____

Communion/Reconciliation: YES NO Date Received: _____

Confirmation: YES NO Date Received: _____

For Office Use Only:

2017-18 Registration Date Paid _____ Ck # _____ Amount _____ Rec by _____