

ST. FIDELIS CCD: 2010-2011 REGISTRATION FOR RETURNING STUDENTS

PHONE: 724-482-2362

EMAIL: stfideliscdd@gmail.com

Instructions: Registration Fee is \$50 per family if registered as parishioners, \$75 per family if not. Please enclose this form, the Parent Volunteer form, and your check in an envelope, which may be placed in the collection basket or mailed to St. Fidelis CCD 125 Buttercup Road, Butler, PA 16001. Please complete the back of this form.

Last Name: _____

Father's Name: _____

Father's Cell: _____

Mother's Name: _____

Mother's Cell: _____

With whom does (do) the student (s) live? _____

Address: _____ City: _____ Zip _____

Home Phone: _____

E-Mail Address: _____

CCD (First through Twelfth Grade)

1. Child's Name: _____ M _____ F _____

Grade Level: _____

Special Needs (learning, emotional, health):

Choose One:

Sun.: 9:00 am - 10:15 am Pre-School to Grade 5

Sun.: 6:30 pm - 8:30 pm Grades 6, 7, 8

Mon.: 6:00 pm - 7:15 pm Pre-School to Grade 6

Home School

2. Child's Name: _____ M _____ F _____

Grade Level: _____

Special Needs (learning, emotional, health):

Choose One:

Sun.: 9:00 am - 10:15 am Pre-School to Grade 5

Sun.: 6:30 pm - 8:30 pm Grades 6, 7, 8

Mon.: 6:00 pm - 7:15 pm Pre-School to Grade 6

Home School

3. Child's Name: _____ M _____ F _____

Grade Level: _____

Special Needs (learning, emotional, health):

Choose One:

Sun.: 9:00 am - 10:15 am Pre-School to Grade 5

Sun.: 6:30 pm - 8:30 pm Grades 6, 7, 8

Mon.: 6:00 pm - 7:15 pm Pre-School to Grade 6

Home School

In case of emergency contact:

Name: _____ home phone: _____ cell: _____