



Parish of St. Peter

CCD Enrollment

Date Completed: _____

Name of Parents: _____

Address: _____

City/State/ZIP: _____

Phone: _____

CHILDREN TO BE ENROLLED IN CCD FOR ACADEMIC YEAR 2010-2011

Name	Birth Date (m/d/yyyy)	Age (on 9/1/10)	Grade (2010-11)	Sacraments Received (circle)
_____	__/__/__	___	___	Baptism / 1 st Communion / Confirmation
_____	__/__/__	___	___	Baptism / 1 st Communion / Confirmation
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