

**ST CLARE CCD REGISTRATION
2026-2027**

Name of Student: _____

Date of Birth: _____ Grade: _____

School Attending: _____ Public _____ Catholic _____

Parent / Guardian: _____

Mailing Address: _____

E-mail Address: _____ Phone: _____

Best method to contact: Text / E-mail / Phone (circle one)

Baptized: Yes _____ No _____ First Reconciliation: Yes _____ No _____

If so, where? _____

Allergies? _____

**ALL WHO WILL RECEIVE FIRST COMMUNION OR CONFORMATION WILL NEED TO PROVIDE A COPY OF
HIS OR HER BAPTISMAL CERTIFICATE (by 1 Nov 2026)**

I give permission for my child's picture to be taken for media purposes?

Yes _____ No _____

Date: _____ Signature: _____

There is a \$10 fee to offset the cost of training materials. This may be paid via cash, check, Venmo or through the Church QR code or website at stclarewaveland.com Use the dropdown box Donations- Choose one time donation then arrow the drop down box down to CCD registration.

