

Immaculate Conception Parish CCD Office
4497 West 1st Avenue Hialeah, Fl 33012 Phone: (305)823-9563 Email: ICCCD@AOL.com
CCD Registration (First Year)

Last Name: _____ First Name: _____
Address: _____ City: _____
State _____ Zip Code: _____ Home Phone: _____
Parents work Phone: Mother _____ Father _____
Emergencies phones: _____
Email _____

CHILD LIVE WITH

Both parents: _____ Father: _____ Mother: _____ others: _____
Father's Name _____
Mother's Maiden Name (Last and first name) _____
Other brother and sister in the CCD program: _____


PLEASE LIST THE NAMES OF FOUR ADULTS (18 YEAR OR OLDER) WHO ARE ALLOWED TO PICK UP YOUR CHILDREN

1 _____ Relation to child _____
2 _____ Relation to child _____
3 _____ Relation to child _____
4 _____ Relation to child _____


STUDENT BIRTH INFORMATION


Date of Birth: _____ Age: _____ Gender _____
Place of Birth: _____
School: _____ Grade: _____

CLASS TIME CHOSEN (OFFICE USE ONLY)

Wednesday 4:30pm – 6:00pm (1st grade to 6th grade)  Room # _____
Wednesday 6:30pm to 8:30pm (7th grade to 12th grade) Confirmation Room # _____
Saturday 10:00 am to 12:00 am (1st grade to 6th grade) Room # _____

SACRAMENTS INFORMATION

Baptism Yes: _____ No: _____ Date of Baptism: _____ 
Baptism Church: _____ City/State: _____
Confession Yes: _____ No: _____ Communion Yes: _____ No: _____
Bring Cert. Yes: _____ No: _____ Need Baptism or Profession of Faith Yes: _____ No: _____



REGISTRATION FEE \$60.00 – 1 CHILD TOTAL FEES: _____
 \$70.00 – 2 CHILDREN PAID: _____
 \$80.00 – 3 CHILDREN

COMMENTS: _____