

# ***Our Lady of the Wayside Church***

37575 Chaptico Road, P.O. Box 97  
Chaptico, MD 20621-0097  
301-884-2502

## **CCD REGISTRATION – FILL OUT ALL INFORMATION**

Home Parish \_\_\_\_\_

What Mass do you attend? \_\_\_\_\_

Name of Student \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_

School now attending: \_\_\_\_\_

Did you attend Our Lady of the Wayside CCD Program last year? \_\_\_\_\_

Grade in School as of September \_\_\_\_\_ Grade in CCD as of September \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mothers Maiden Name: \_\_\_\_\_

Were parents married in the Catholic Church? \_\_\_\_\_

Has student been baptized in the Catholic Church? \_\_\_\_\_

Baptized at: \_\_\_\_\_

Name and Street Address

Date of Baptism: \_\_\_\_\_ (Please include copy if student in 2<sup>nd</sup> or 8<sup>th</sup> grade)

God Parents: \_\_\_\_\_

**8<sup>th</sup> Graders Only: Confirmation Name:** \_\_\_\_\_

**8<sup>th</sup> Graders Only: Sponsors Name** \_\_\_\_\_

**\*Sponsor need to have the Sponsor Certificate of Eligibility Form signed by their Pastor.**

### **3<sup>d</sup> Graders and above:**

Receive First Holy Communion at Church of: \_\_\_\_\_

Name and Street Address

Date of First Holy Communion: \_\_\_\_\_ (Please include copy if student in 8<sup>th</sup> grade)

Registration fee: 1<sup>st</sup> – 8<sup>th</sup> Grade \$20

Paid \_\_\_\_\_ (Cash / Ck # \_\_\_\_\_) Not Paid \_\_\_\_\_