

**St. Nicholas R.C. Church**  
Vocationist Fathers  
442 E Brinkerhoff Avenue – Palisades Park, NJ 07650  
(201) 944-1154 [www.stnicholasrcchurch.org](http://www.stnicholasrcchurch.org)

Registration paid ____/____/____ Check # _____ Bank _____ Amount \$ _____ ____ Cash ____ Child/ren
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**CCD REGISTRATION FORM 2018-19**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Baptized at \_\_\_\_\_ First Communion at \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Emergency: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ CCD Grade: \_\_\_\_\_

If your child has any special needs, please describe: \_\_\_\_\_  
\_\_\_\_\_

- I will drop off and pick up my son/daughter INSIDE THE CHURCH HALL.
- \_\_\_\_\_ is authorized to pick up my son/daughter in Church Hall.
- My son/daughter will walk home by him/herself.

**FOR NEW STUDENTS ONLY:**

Previous Years of Instruction: Grade - 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> \_\_\_ 4<sup>th</sup> \_\_\_ 5<sup>th</sup> \_\_\_ 6<sup>th</sup> \_\_\_ 7<sup>th</sup> \_\_\_ 8<sup>th</sup> \_\_\_

Name of Church of Previous Instruction: \_\_\_\_\_

<b>CCD FEES:</b>	<b>Parishioners</b>	<b>Non-Parishioners</b>
One Child	\$ 70.00	\$ 200.00
Two Children	\$ 95.00	\$ 225.00
Three Children	\$ 140.00	\$ 255.00

**Please return it by mail or in person to the rectory's office no later than 09/09/2018**

Signature of parent/guardian: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_