

**ST. CHARLES BORROMEO RELIGIOUS EDUCATION (C.C.D.)**

POST OFFICE BOX 428  
 DESTREHAN, LOUISIANA 70047  
 (985) 764-6383 SCBCCD@SCBHUMILITAS.ORG

**2017 – 2018 School Year**

**MONDAYS 6:00-7:15 p.m.**

----- **One Student per Application** -----

**NEW STUDENT**- PLEASE FILL FORM OUT COMPLETELY. INCLUDE COPIES OF SACRAMENTAL CERTIFICATES & **PROOF OF PRIOR RELIGIOUS INSTRUCTION**.  
**RENEWAL STUDENT** - PLEASE FILL OUT FORM COMPLETELY; IF RECORDS HAVE BEEN GIVEN PREVIOUSLY, PLEASE WRITE "ON FILE" WHERE APPLICABLE.

**PLEASE CIRCLE ONE:** NEW STUDENT RENEWAL STUDENT

**DATE:** \_\_\_\_\_ **SCB CHURCH ACCOUNT#:** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_ **GENDER:** **Male / Female**

Last First Middle

**LAST COMPLETED CCD GRADE LEVEL:** \_\_\_\_\_

**NEW STUDENTS ONLY:** Church & Place where last formal Religious Education classes were taken:

\_\_\_\_\_

**SCHOOL GRADE LEVEL FOR 2017-2018:** \_\_\_\_\_ **NAME OF ACADEMIC SCHOOL ATTENDING:** \_\_\_\_\_

**BIRTH DATE:** \_\_\_\_\_

**CATHOLIC BAPTISM DATE:** \_\_\_\_\_ **CHURCH:** \_\_\_\_\_

**CITY & STATE:** \_\_\_\_\_

**FIRST RECONCILIATION DATE:** \_\_\_\_\_ **CHURCH:** \_\_\_\_\_

(enter: "ON FILE" if given previously)

**CITY & STATE:** \_\_\_\_\_

**FIRST COMMUNION DATE:** \_\_\_\_\_ **CHURCH:** \_\_\_\_\_

(enter: "ON FILE" if given previously)

**CITY & STATE:** \_\_\_\_\_

**PARENT/ GUARDIAN** **FATHER:** \_\_\_\_\_

LAST FIRST MIDDLE

**MOTHER:** \_\_\_\_\_

LAST FIRST MAIDEN

**CUSTODIAL PARENT, IF DIFFERENT FROM ABOVE:** \_\_\_\_\_

**FAMILY EMAIL ADDRESS:** \_\_\_\_\_

**FAMILY MAILING ADDRESS:** \_\_\_\_\_

**CONTACT PHONE NUMBER (Home, Cell, Work):** \*Circle number to be used for School Messenger Notification System \*

\_\_\_\_\_  
 HOME CELL WORK / OTHER

**\*\*If there are learning or medical disabilities, family situation or other important information of which we should be aware of, please indicate. It will be kept confidential.** \_\_\_\_\_ (cont. on back if needed)

<b>TUITION RATES (Before Aug. 7)</b>	<b>Totals</b>	<b>(After Aug. 7)</b>	<b>OFFICE USE: 2017-2018</b>
1st - Child ..... \$65.00	.....\$ 65.00	\$ 85.00	DATE: _____
2nd - Child ..... \$45.00	.....\$110.00	\$140.00	AMT. PAID: _____
3rd - Child ..... \$30.00	.....\$140.00	\$180.00	CHECK # : _____
<i>If you need more time to pay, let us know. No additional charge for 4 or more children.</i>			REC'D BY: _____