

**Saint Joseph Catholic Church**

**2025-2026 CCD**

Last Name: \_\_\_\_\_

Student's Name(s)	Grade	Birthdate	School	Have they received Holy Communion?	Confirmation?
_____	_____	_____	_____	YES / NO	YES / NO
_____	_____	_____	_____	YES / NO	YES / NO
_____	_____	_____	_____	YES / NO	YES / NO
_____	_____	_____	_____	YES / NO	YES / NO

Parents/Guardian's Names: \_\_\_\_\_

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

Phone Numbers: \_\_\_\_\_

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

**Emergency Contact:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is your family registered with Saint Joseph/Saint Patrick?    Yes            No

Are you willing to volunteer with the CCD program?            Yes            No

**Fee Information:**

One student: \$40    Two students: \$60    Three or more students: \$75

**CCD classes begin on September 3<sup>rd</sup>.**

**Please return your registration form to the rectory, the school office or mail to:**

**428 N East Ave, York, NE 68467**

For office use only:  
Paid: \_\_\_\_\_ Date: \_\_\_\_\_