

St. Mary's Knanaya Catholic Church
6400 W. Fuqua Dr., Missouri City, TX. 77489
Tel: 281-957-5264

**CCD Registration Form
2014-2015**

Family Name: _____

Parent's Name: _____

Address: _____

Phone Number: Home: _____ Cell: _____

Email: _____

Emergency #: _____

Home Parish in Kerala/ India: _____

Annual contributions paid for in 2012: Yes/No

If no, please explain the reason:

Annual contributions paid for 2013 : Yes/No

If no, please explain the reason:

Full name	Date of Birth	Grade in School	Medications/Medical Problems/Allergies
1.			
2.			
3.			
4.			

I hereby grant permission for my child (ren) to attend and participate in all programs and activities of the Catechism class and acknowledge the rules that my child (ren) is/are expected to obey.

For official use only:		
Registration received by: _____ on _____		
Approved by		
_____	_____	_____
Trustee	D.R.E.	Vicar