

MARY, STAR OF THE SEA PARISH CCD REGISTRATION FORM

CCD Registration Form (Grades K-5) 2024 -2025 - Sundays 9:15 am to 10:10 am
(Classes begin September 22, 2024 (please see attached calendar))

Please submit form to Gigi Smith, DNP, MSN, RN, CEN (CCD COORDINATOR), via the Parish office, church collection basket, or mail to 4470 Aliikoa Street, Honolulu, HI. 96821. Any questions please call the MSOS Parish Office (808) 734-0396 and leave a message for Dr. Gigi Smith, K-5 CCD Coordinator. Early Registration Fee \$25.00 (1st child) each additional child \$20.00. Late Registration Fee \$30.00 (after 9/22/24) each additional child \$25.00. Fee is for textbook and supplies; Please use one form per child.

CHILD INFORMATION (Please Print Clearly)

Full Name: (Last) _____ (First) _____ (MI) _____ Date: _____

Street Address: _____ (City) _____ (State) _____ (Zip Code) _____

Male ___ Female ___ Date of Birth ___/___/___ Current School Attending: _____ Current Grade: _____

Physician Name: _____ Physician Phone Number: _____

Allergies (attached additional sheet if needed) _____

Health Plan Policy #: _____

Name and ages of siblings (please indicate if siblings are also attending CCD)

PARENT INFORMATION

Mother's Name: _____ Best Contact Number: _____

Father's Name: _____ Best Contact Number: _____

Email address preferred for contact: _____

EMERGENCY CONTACT

Name: _____ Best Contact Number: _____

SACRAMENTS RECEIVED

Baptism received Yes ___ No ___ If yes, date, parish, and state: _____

First Reconciliation Received Yes ___ No ___ If yes, date, parish, and state: _____

Confirmation Received Yes ___ No ___ If yes, date, parish, and state: _____

First Holy Communion Received Yes ___ No ___ If yes, date parish, and state: _____

DISMISSAL PROCEDURES

Children in grades K-2 will need to be picked up at their classroom. Names of others that are allowed to pick up your child:

Children in grades 3-5 please indicate where your child should go when class is dismissed.

Church ___ Church parking Lot ___ Bench by staircase ___ School Parking Lot ___ Stay in classroom* ___

*If student is to stay in the classroom, he/she will remain with the teacher or CCD Coordinator

Please indicate if you would like more information about volunteering to help with CCD (classroom assistance, child engagement activities). Yes ___ No ___

Please print your name: _____ Signature: _____ Date: _____