

# Saint Augustine Catholic Church

1419 V Street NW ❖ Washington, DC 20009 ❖ 202-265-1470 ❖ [saintaugustine-dc.org](http://saintaugustine-dc.org)

<b>2018-19 CCD (Sunday School) Registration</b>			
<b>1. Student Last Name</b> <i>Please print</i>	<b>Student First Name</b> <i>Please print</i>	<b>Date of Birth</b>	<b>Grade</b>
<i>Please check one:</i> <input type="checkbox"/> <b>Returning Student</b> <input type="checkbox"/> <b>New Student</b>			
<i>Please check one:</i> <input type="checkbox"/> <b>Pre-K to 8</b> <input type="checkbox"/> <b>Post Confirmation</b> <input type="checkbox"/> <b>RCIA</b>			
<b>Sacraments* Received:</b>	<b>Baptism</b>	<b>First Communion</b>	<b>Confirmation</b>
Year:			
Church (include City, State):			
<b>Allergies / Special Needs:</b>			
<b>2. Student Last Name</b> <i>Please print</i>	<b>Student First Name</b> <i>Please print</i>	<b>Date of Birth</b>	<b>Grade</b>
<i>Please check one:</i> <input type="checkbox"/> <b>Returning Student</b> <input type="checkbox"/> <b>New Student</b>			
<i>Please check one:</i> <input type="checkbox"/> <b>Pre-K to 8</b> <input type="checkbox"/> <b>Post Confirmation</b> <input type="checkbox"/> <b>RCIA</b>			
<b>Sacraments* Received:</b>	<b>Baptism</b>	<b>First Communion</b>	<b>Confirmation</b>
Year:			
Church (include City, State):			
<b>Allergies / Special Needs:</b>			
<b>3. Student Last Name</b> <i>Please print</i>	<b>Student First Name</b> <i>Please print</i>	<b>Date of Birth</b>	<b>Grade</b>
<i>Please check one:</i> <input type="checkbox"/> <b>Returning Student</b> <input type="checkbox"/> <b>New Student</b>			
<i>Please check one:</i> <input type="checkbox"/> <b>Pre-K to 8</b> <input type="checkbox"/> <b>Post Confirmation</b> <input type="checkbox"/> <b>RCIA</b>			
<b>Sacraments* Received:</b>	<b>Baptism</b>	<b>First Communion</b>	<b>Confirmation</b>
Year:			
Church (include City, State):			
<b>Allergies / Special Needs:</b>			

\* Documentation required to receive First Penance, First Communion and Confirmation  
 For more information, contact Beatrice Judon, [bjudon@saintaugustine-dc.org](mailto:bjudon@saintaugustine-dc.org)

**Parent / Guardian Information**

Please check one: <input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b> <input type="checkbox"/> <b>Guardian</b>			
<b>LAST NAME</b> <i>Please print</i>	<b>FIRST NAME</b>	<b>Religion</b>	<b>Relationship</b> <i>(if guardian)</i>
Please check one: <input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b> <input type="checkbox"/> <b>Guardian</b>			
<b>LAST NAME</b> <i>Please print</i>	<b>FIRST NAME</b>	<b>Religion</b>	<b>Relationship</b> <i>(if guardian)</i>
<b>All information concerning your child should be directed to</b>			
Name:	Telephone (Day)	Telephone (Evening)	
Home Address:		City	State / Zip
E-mail Address: <i>Please print</i>			
<b>Do you give permission to be listed in the Parish's Sunday School Directory?</b> <i>(includes your name, child's name, phone number, e-mail and mailing address)</i>			
<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>			
Signature		Date	
<b>REGISTRATION FEE</b>			
<input type="checkbox"/> <b>\$ 90 – one child</b>		<input type="checkbox"/> <b>\$130 – two or more children</b>	
<input type="checkbox"/> <b>cash</b>		<input type="checkbox"/> <b>check</b>	