

☐ Cash: \_\_\_\_\_

## **Our Lady of Lebanon Maronite Catholic Church**

2021—2022 CCD Registration Form

719 University Place Lewisville, TX 75067 972.436.7617

ladyofl719@gmail.com | www.ourladylebanon.com

Family Information (	Please Print)						
Last Name							
Father's First Name		Mother's First Name					
(or Male Guardian)	Religion:	(or Female Guardian)	Religion:				
	Street:						
Home Address	City:	Zip Code:					
Preferred Primary							
Phone #		Phone #					
Preferred email(s)		gmail.com hotmail.com yahoo.com	outlook.com other:				
Is your family a	Yes	<del></del> -					
registered	No – Please register in the parish office prior to submitting this form						
parishioner of our	Not Sure – Please check with the parish office prior to submitting this form						
church?							
<b>Registration Fees</b>							
\$30 / Child		hecks should be made    If you need financial					
		ayable to <b>Our Lady of</b>	assistance, please call				
\$75 / Family (3 or		<b>ebanon Church</b> . the parish office.					
	on – Many Hands Make Light		" -				
	ted to help out in some way, e						
	ildren and depends on the vol	-					
	nsider the following stewardsh e Diocese of Fort Worth requir		• •				
•	We will provide details regard						
	vve will provide details regard	any this requirement to t	uli ciussi oomi voiunteers.				
Volunteer Name(s):							
	It willing to commit to	Hospitality Services: A young adult (15+) or					
-	holic faith and love of God	adult willing to assist with the First Holy					
	ekly basis. Session plan,	Communion and/or Confirmation Reception					
materials, and the sup	•	(decorating, set up, clean up, food prep, etc).  Communion  Confirmation					
catechists are all prov	nt / Parent Helper: Assists	Office Aide: An adult willing to commit to					
	oom. Ideal way for a parent	assisting in the office (copying/filing/typing etc)					
to become trained as		on a weekly basis.					
	ıte: An experienced	Other - Ideas include but aren't limited to:					
	commit to teaching every	Processions: Help organize children for					
	to help out when needed on	Christmas/Easter processions					
an emergency basis.	•	Snacks: For K/1 <sup>st</sup> Grade or Youth Group					
- ,		Socials: Help with events for Youth Group					
	Office L	Jse Only	-				
Payment submitted at Registration:   Yes  No  Date Received:							

Sacrament Inform							
	Child 1		Child 2		Child 3		
First Name							
Current Grade							
Current Age							
Religious	Years		Years		Years		
Education	Where:		Where:		Where:		
Allergies	Yes	☐ No	Yes	☐ No	Yes	☐ No	
If yes, describe:							
Learning Disability If yes, describe:	Yes	☐ No	Yes	No	Yes	☐ No	
SACRAMENTS	Needed?	Completed?	Needed?	Completed?	Needed?	Completed?	
				<u> </u>			
Baptism	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	
First Holy	][				Yes	Yes	
First Holy Communion	Yes	Yes No	│	Yes No	☐ Yes	☐ No	
Reconciliation	Yes	Yes	Yes	Yes	Yes	Yes	
Reconciliation	No	No	No	∏ No	No	No	
Confirmation	Yes	Yes	Yes	Yes	Yes	Yes	
	No	No	No	No	No	No	
Sacrament Inform	ation (List all	children that a	re being regi	stered for CCD)			
	Child 4			Child 5		Child 6	
First Name							
Current Grade							
Current Age							
Religious	Years		Years		Years		
Education	Where:		Where:		Where:		
Allergies	Yes	☐ No	Yes	☐ No	Yes	∐ No	
If yes, describe:	D Vaa	□ N =	D Vaa	□ N =		□ Na	
Learning Disability	Yes	No	Yes	No	Yes	☐ No	
If yes, describe:							
	N 1 - 12	6	No. de do	6	N I I 2	6	
SACRAMENTS	Needed?	Completed?	Needed?	Completed?	Needed?	Completed?	
Baptism	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	
First Holy	Yes	Yes	Yes	Yes	Yes	Yes	
Communion	No	∐ No	□ No	No	☐ No	∐ No	
Reconciliation	Yes	Yes	Yes	Yes	Yes	Yes	
	No	No	l   No	l No	No	l No	
Confirmation	Yes	Yes	Yes	Yes	Yes	Yes	