

# CCD Registration 2025-2026

## St. Hildegard Catholic Church

17200 Hwy 10 Menoken, ND 58558

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**Family Parent(s) Information: Names** \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone (primary) \_\_\_\_\_ Phone(cell) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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### Grades 1-8

Name \_\_\_\_\_ Sex / DOB / Grade \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Sacramental Status**

Baptism

\* please mark those the child has received

First Communion

Confirmation

Name \_\_\_\_\_ Sex / DOB / Grade \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Sacramental Status**

Baptism

\* please mark those the child has received

First Communion

Confirmation

Name \_\_\_\_\_ Sex / DOB / Grade \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Sacramental Status**

Baptism

\* please mark those the child has received

First Communion

Confirmation

Name \_\_\_\_\_ Sex / DOB / Grade \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Sacramental Status**

Baptism

\* please mark those the child has received

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Confirmation

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**Catechesis of the Good Shepherd (Ages 3 through kindergarten. Please signify if child is in kindergarten).**

Name \_\_\_\_\_ Sex / DOB / baptized (y/n) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_ Sex / DOB / baptized (y/n) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_ Sex / DOB / baptized (y/n) \_\_\_\_ / \_\_\_\_ / \_\_\_\_