

*St. Titus Religious Education Center  
952 Franklin Avenue  
Aliquippa, Pa. 15001  
724-375-7940  
sainttitusccd@comcast.net*

## REGISTRATION

Dear Friends in Christ,

There is in place in every parish in the Diocese of Pittsburgh, a Catechetical Curriculum for the Parish Religious Education Program. Every catechetical administrator and catechist follows this program. The overall program builds upon the previous year and is based on the student's age level of understanding.

St. Titus Parish offers a Religious Education Program from Kindergarten through 8<sup>th</sup> Grade. Although each student is provided with learning the basic concepts of the catholic religion, the primary responsibility is focused in the home by the parents. Let us work together to accomplish our primary goal, which is to teach what the catechism of the Catholic Church teaches: "the transmission of the Christian faith consists primarily in proclaiming Jesus Christ in order to lead others to the faith in him" (CCC 425).

If you would like to register your child for our Religious Education Program, you can download the form and mail it to the St. Titus Religious Education Center. Classes are on Sundays from 9:15 am to 10:45 am.

**Please submit your registration by August 19, 2016.**

The following is the fee to support the program and defray the cost of materials for the classes.

Kindergarten through 8<sup>th</sup> Grades:

One Child	\$30
Two Children	\$40
Three or more children	\$50

**Please make checks payable to: St. Titus Parish**

Scroll down to the next page to print the registration form.

2016-2017

St. Titus CCD Family Registration  
PLEASE PRINT

PLEASE RETURN FORM TO:

St. Titus Religious Education Center  
952 Franklin Avenue Aliquippa, PA 15001

New Family Check Here:	REQUIRED: Email
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Father's Full Name:	Religion:
Mother's Full Name:	Religion:
Mother's Maiden Name:	

Address:

Street	City	State	Zip
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Phone Numbers: home: cell:

Do both parents reside at this address? YES OR NO if no, write in "Mother's" or "Father's"

Are you a registered, practicing member of St. Titus YES OR NO If yes, envelope number:

Please provide an Emergency Number for Sunday mornings (in addition to the home contact listed above)

Name/Relationship: Phone:

Who will be responsible for picking up child/children after class:

	1st Child	2nd Child	3rd Child
Child's Full Name			
Date of Birth			
Place of Birth (Hospital/City/State/Zip)			
School Attending			
Grade			
Church of Baptism (Name/City/State/Zip)			
Date of Baptism (month/date/year)			
Received 1st Communion ?			
Name of Church Where 1st Communion rec'd (City/State/Zip)			
Received Confirmation ?			
Name of Church Where Confirmation rec'd (City/State/Zip)			
Please List: any known allergies; medications taken; disabilities; disorders; any information you would like us to know about your child			