

Sacred Heart of Jesus Parish CCD Registration 2019-2020

Preschool–Grade 12

Family Name: _____ **Email Address:** _____
Address: _____ **City:** _____ **Zip:** _____ **P.O. Box:** _____
Father: _____ **Cell Phone:** _____ **Mother:** _____ **Cell Phone:** _____

Emergency Contact (Other than parent/legal guardian) must be over age 18

Name: _____ Relation to Student: _____
 Emergency Phone #: _____

Preschool children must be 4 years old by August 1st, 2019

Name	Grade (2019-2020)	Age August 1, 2019	Date of Birth	Sex (circle one)	Place and Date of Baptism
				M / F	
				M / F	
				M / F	
				M / F	
				M / F	

*If your child(ren) have any special needs, allergies, health conditions or dietary restrictions, they must be noted on the back of this sheet.

Parents of Pre-School Children: Will this year (2019-2020) be your child's 1st, 2nd, or 3rd year in parish related preschool? _____

FEEs: Preschool: \$20 per child

Grade: 1-12: \$45 for the 1st child— \$40 for the 2nd child— \$35 for the 3rd— \$30 for the 4th— 25 for the 5th— 20 for the 6th

School Attending: _____ **Total Fee Paid:** _____

Please make checks payable to *Sacred Heart of Jesus Parish* and mail to the parish office at:
9377 St Rt 119 W, Anna, Ohio 45302 or place in the offertory basket. You may also drop it off at the parish office.
 If you are unable to pay for CCD, please contact Megan Jock in the parish office. No child will be turned away due to the inability to pay.

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Children 4 years old by August 1, 2019 are invited to attend preschool classes in the undercroft classrooms during the 10:00am Mass on Sundays, beginning September 15^h.

CCD classes for grades 1-12 meet every Wednesday night beginning September 11th.

Grades 1-6 meet Wednesday evenings from 6:30-7:30pm

Grades 7-12 meet Wednesday evenings from 8:00-9:00pm

Detail concerning children with special needs, allergies, and dietary restrictions:

*Please note that this information is to provide the best religious education experience for your child and will be shared only with your child's catechist.

Name(s)

Special needs/allergies/dietary restrictions, and how best to accommodate your child(ren)

Name(s)	Special needs/allergies/dietary restrictions, and how best to accommodate your child(ren)

Parking Lot Monitor

Each family must sign up at least one parent to be a parking lot monitor either 1st session or 2nd session. This is of great importance to ensure the safety of our children when entering and leaving CCD each week.

I will serve as a monitor from 6:10-7:45 (1st session)

Name: _____

I will serve as a monitor from 7:40- 9:10 (2nd session)

Name: _____

We are in need of catechists!

◆ Please talk to me about becoming a catechist! The grade/subject I am interested in is: _____

The best way to get in contact with me is: _____

◆ Please add _____ to the *SUBSTITUTE* catechist list for grades: _____

The best way to get in contact with me is: _____

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Emergency Medical Form (REQUIRED)

Sacred Heart of Jesus CCD
2019-2020 Emergency Medical Release Form

This release form will apply to all CCD activities on Sacred Heart of Jesus parish grounds from September 2019- June 2020.

It is the responsibility of the parent/guardian to notify Sacred Heart of Jesus Parish if any information changes during this time period.

Medical Insurance Co. _____ Policy Number: _____
Home address: _____
Home phone: _____ Cell Phone: _____
Father's Name: _____ Mother's Name: _____
Father's Emergency Number: _____ Mother's Emergency Number: _____
Family Doctor: _____ Office Phone: _____
Family Dentist: _____ Office Phone: _____
Emergency Contact Person: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____

1st Child's Last Name: _____ First Name: _____

Allergies: _____
Medications: _____ Chronic Conditions (i.e. diabetes): _____
Birthdate: _____

2nd Child's Last Name: _____ First Name: _____

Allergies: _____
Medications: _____ Chronic Conditions (i.e. diabetes): _____
Birthdate: _____

3rd Child's Last Name: _____ First Name: _____

Allergies: _____
Medications: _____ Chronic Conditions (i.e. diabetes): _____
Birthdate: _____

4th Child's Last Name: _____ First Name: _____

Allergies: _____
Medications: _____ Chronic Conditions (i.e. diabetes): _____
Birthdate: _____

Archdiocese of Cincinnati Permission, Release, and Medical Power of Attorney

1. I, the lawful parent or guardian of _____ (the child/ren), give permission for my child to participate in the activity described on the reverse and release all liability and indemnify the Archbishop of Cincinnati, both individually and as a trustee for the Archdiocese of Cincinnati and all parishes within the Archdiocese, and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgements, cost or expenses, including attorney fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity and further agree not to bring or prosecute or allow to be brought or prosecuted (including, but not limited to prosecution through subrogation) in my name, or on behalf of my child, any claims, lawsuits, or actions against the Archbishop, the Archdiocese, and their officers, agents, representatives, volunteers and employees.
2. I further understand that my child's participation is purely voluntary and is a privilege and not a right, and that my child, and I on behalf of my child, elect to participate in spite of the risks.
3. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.
4. I appoint the Archbishop or his agents who are acting as leaders of the activity as my attorney in fact to act for me in my name and my behalf, in any way that I would act if I were personally present, with respect to the following matters if any injury, illness, or medical emergency occurs during the activity or related travel.
 - i. To give any and all consents and authorizations to any physicians, dentists, hospitals, or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for the best interest of my child.
 - ii. I understand that the agents of the Archbishop will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.
5. This power of attorney shall lapse automatically upon completion of the activity and related travel.
6. I agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website, and office functions.
7. I understand that photos of my child may be taken at events. I consent that photographs may be posted and/or published (i.e. Facebook, Twitter, Parish website, bulletin, etc.). Photographs will not be tagged with names unless further written consent is given.
8. This acknowledgement and release is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This acknowledgement and release shall be constructed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.

I have carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission, Release, and Medical Power of Attorney shall be effective and binding upon me, my child, and my own and my child's personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

Signature of Parent or Guardian: _____ **Date:** _____