

Sacred Heart of Jesus Parish CCD Registration 2020-21 Grades 1- 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 #: _____

Name	Grade (2020-2021)	Age August 1, 2020	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.

Early Bird Discount

If registration and payment are received on or before July 1st.

	1 child	2 children	3 children	4 or more
Total Payment	50	95	135	170

If received after July 1st

	1 child	2 children	3 children	4 or more
Total Payment	60	115	165	210

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 the parish office. No child will be turned away due to the inability to pay.

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CCD classes for grades 1-12 meet every Wednesday night beginning August 26th, 2020

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)

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Parking Lot Monitor;

This is of great importance to ensure the safety of our children when entering and leaving CCD every week.

The more families to sign up, the fewer weeks needed to volunteer. Thank you!

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

Name: _____

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

Name: _____

Catechist; Needed!

◆ I would like to find out more about being a catechist. . The grade/subject I am interested in is: _____

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

◆ I would be willing to be a *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 2020-21 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: _____

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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:** _____