

# Sacred Heart of Jesus Parish CCD Registration 2018-2019

## Preschool—Grade 12

Family Name: \_\_\_\_\_ Email Address \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ P.O. Box \_\_\_\_\_  
 Father \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Mother \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contact (other than parent) must be over age 18**

Name \_\_\_\_\_ Relation to student(s) \_\_\_\_\_  
 Emergency Phone # \_\_\_\_\_

*(Preschool children must be 4 years old by August 1, 2018)*

Name	Grade <small>(2018-2019)</small>	Age <small>(As of August 1<sup>st</sup> 2018)</small>	Date of Birth	Sex <small>(Circle One)</small>	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, please note them on the back of this sheet.*

**Parents of Pre-School Children:** Will this year (2018-2019) be your child's 1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup> year in parish related preschool? \_\_\_\_\_

**FEES: Preschool: \$20.00 per child**

**Grades 1-12: \$45 for the 1<sup>st</sup> child— \$40 for the 2<sup>nd</sup> child— \$35 for the 3<sup>rd</sup>— \$30 for the 4<sup>th</sup>— \$25 for the 5<sup>th</sup>— \$20 for the 6<sup>th</sup>**

School Attending \_\_\_\_\_

Total Fee Paid \_\_\_\_\_

*Please make checks payable to Sacred Heart of Jesus Parish. Please mail to the parish office at:*

**9377 State Route 119W, 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.

CONTINUE TO SIDE 2

Children 4 years old by August 1, 2018 are invited to attend pre-school classes in the undercroft classrooms during the 10am Mass on Sundays, beginning September 9<sup>th</sup>.

CCD Classes for Grades 1-12 meet every Wednesday night beginning September 5<sup>th</sup>.

Students in grades 1-6 meet on Wednesdays from 6:30-7:30pm.

Students in grades 7-12 meet on Wednesdays from 8:00-9:00pm.

**Details 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. It 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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**Catechists Needed:**

**We are in need of catechists for this year (2018-2019)!**

Yes, please talk to me more about becoming a catechist! The grade/high school subject I would prefer to teach is: \_\_\_\_\_

My name is: \_\_\_\_\_ The best way you can get in contact with me is: \_\_\_\_\_

Please add \_\_\_\_\_ to the *SUBSTITUTE* catechist list!

Grade level(s) desired: \_\_\_\_\_ Phone Number you can reach me by when a sub is needed: \_\_\_\_\_

**Parking Lot Monitors Are Needed!**

*We ask that each family sign one parent up to be a monitor for either 1st or 2nd session. It is of great importance to make sure our children are safe when entering and leaving CCD each week. We need AT LEAST 50 volunteers to start off with. The more helpers we get, the less times we need you to monitor...*

I am willing to serve as a monitor from 6:10 - 7:45 (Grades 1-6)      Name: \_\_\_\_\_

I am willing to serve as a monitor from 7:40 - 9:10 (Grades 7-12)      Name: \_\_\_\_\_

**CONTINUE TO EMERGENCY  
MEDICAL FORM (REQUIRED)**

**Sacred Heart of Jesus CCD  
2018-2019 Emergency Medical Release Form**

This release form will apply to all CCD Activities on Sacred Heart of Jesus parish grounds from September 2018 - June 2019.  
*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 Number \_\_\_\_\_ -Cell Phone Number \_\_\_\_\_  
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 Number \_\_\_\_\_ Cell Number \_\_\_\_\_

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**1<sup>st</sup> Child's Last Name** \_\_\_\_\_ First Name \_\_\_\_\_  
Allergies \_\_\_\_\_  
Medications \_\_\_\_\_ Chronic Conditions (i.e. diabetes) \_\_\_\_\_  
Birthday \_\_\_\_\_

**2<sup>nd</sup> Child's Last Name** \_\_\_\_\_ First Name \_\_\_\_\_  
Allergies \_\_\_\_\_  
Medications \_\_\_\_\_ Chronic Conditions (i.e. diabetes) \_\_\_\_\_  
Birthday \_\_\_\_\_

**3<sup>rd</sup> Child's Last Name** \_\_\_\_\_ First Name \_\_\_\_\_  
Allergies \_\_\_\_\_  
Medications \_\_\_\_\_ Chronic Conditions (i.e. diabetes) \_\_\_\_\_  
Birthday \_\_\_\_\_

**4<sup>th</sup> Child's Last Name** \_\_\_\_\_ First Name \_\_\_\_\_  
Allergies \_\_\_\_\_  
Medications \_\_\_\_\_ Chronic Conditions (i.e. diabetes) \_\_\_\_\_  
Birthday \_\_\_\_\_

**ARCHDIOCESE OF CINCINNATI**  
**PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY** (rev. 6-2006)

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 from all liability and indemnify the Archbishop of Cincinnati ("the Archbishop"), both individually and as trustee for the Archdiocese of Cincinnati and all parishes within the Archdiocese (the "Archdiocese"), and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, 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:

To give any and all consents and authorizations to any physicians, dentist, hospital 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 the 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. 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 construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof
8. I understand that photos of my child(ren) may be taken at events. I consent that pictures may be posted and/or published, e.g. Facebook, Twitter, parish website, parish bulletin, etc. Pictures will not be tagged with names unless further written consent is given.

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 \_\_\_\_/\_\_\_\_/\_\_\_\_