

**ST. PIUS X CHURCH with St. Mary's and Sacred Heart**

**CCD Registration Form**

**2020-2021**

Diocese of Peoria

Religious Education Program



**Office Use Only:**

Last Name of Child \_\_\_\_\_

First Name of Child \_\_\_\_\_

Grade 2020-2021 \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_

**FAMILY INFORMATION**

Parish Registered At \_\_\_\_\_

Mother's Last Name \_\_\_\_\_

Mother's First Name \_\_\_\_\_

Father's Last Name \_\_\_\_\_

Father's First Name \_\_\_\_\_

Marital Status \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Information Mother's Home/Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mother's Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Father's Home/Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Father's Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mother's Email \_\_\_\_\_

Father's Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relation to Child \_\_\_\_\_

Emergency Contact Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**CHILD INFORMATION**

Child's Last Name \_\_\_\_\_

Child's First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

School Enrolled At \_\_\_\_\_

Grade for 2020-2021 School Year \_\_\_\_\_

Sacramental Information **Sacrament** **Yes/No** **Date Received** **Church Received At**

Baptism \_\_\_\_\_

1<sup>st</sup> Reconciliation \_\_\_\_\_

1<sup>st</sup> Communion \_\_\_\_\_

Confirmation \_\_\_\_\_

Known Allergies \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Medications \_\_\_\_\_

***To Restore All Things in Christ***

Fee: \$60 for first child and \$30 for each additional child (siblings only). **Non-parishioners of St. Pius X will be charged an additional \$50/child. Your affiliated parish will help you with this fee; please speak with your parish priest.** Make checks payable to St. Pius X Church. Payment due with registration form. Please fill out a separate form for each child. Return form(s) with payment to St. Pius X Church office (2502 29<sup>th</sup> Avenue) or place in the offertory basket at St. Pius in an envelope addressed to CCD/Sister M. Clementia. **ALSO, PLEASE FILL OUT THE BACK!** *Thank you!*

**General Permission**

I request that my child listed above be allowed to attend Religious Education located at St. Pius X Catholic Church for the duration of the 2020-2021 school year. I hereby release and agree to indemnify and hold harmless the parish, its staff and their employees and agents, volunteers, and the Catholic Diocese of Peoria from any and all liability for injuries, damages, medical expenses or any other loss to my child or family, including attorney fees, arising from claims of any kind or nature whatsoever from my child’s participation in this program.

**Medical Permission Form**

I grant permission for the administration of First Aid to my child listed above by the people in charge of the Religious Education Program at St. Pius X Catholic Church, to sign the necessary releases as may be required, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness of accident and prior to any major surgery, except when a delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

**Insurance Information**

Policy Holder (in the name of) \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Authorized Physician \_\_\_\_\_  
Phone Number of Physician (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Authorized Hospital \_\_\_\_\_

**Videotaping and Still Photographs**

Video, still photographs and audio recordings may be taken during Religious Education. This authorization form constitutes permission for my child’s participation in videotaping, still photographs, and/or audio recordings, which may be used for future promotional efforts, including the Catholic Diocese of Peoria publications and websites.

**Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



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