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

CCD Registration Form 2022-2023

Diocese of Peoria Religious Education Program

	ALL SELVI
No.	

FAMILY INFORMATION				
Parish Registered	At			
Mother's Last Nan	ne			
Mother's First Nan				
Father's Last Nam	ne			<del></del>
Father's First Nam	ne			
Marital Status				
Home Address				<del></del>
	City			
	State		Zip Code	
Contact Information	Mother's Ho	me/Cell (		
	Mother's Wo	rk Phone (		
	Father's Hon	ne/Cell (		
	Father's Wor	k Phone (		
	Mother's Em	ail Address		
<b>Emergency Contact Name</b>	·			
Relationship to Child	l			
Emergency Contact Numb	oer ()			
CHILD INFORMATION				
	<b>1</b>			
Child's First Name	<u> </u>			
Date of Birth	· · · · · · · · · · · · · · · · · · ·			
School Where Enrolled				
Grade for 2022-23 School				
			Date Received	Parish Where Received
	Dantiana			<u>.</u>
	•			
Known Allergies				
Medical Conditions				
Medications				

## To Restore All Things in Christ

Fee: \$60 for the 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 is due with registration form. Please fill out a separate form for each child. Return form(s) with payment to the St Pius X Church office (2502 29th Ave) or place in the offertory basket at St Pius in an envelope addressed to CCD/Shaunnessy Shaw. *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 2022-2023 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 referral 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 or 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.

Parent Signature	Date
authorization form constitutes permission for my child photographs, and/or audio recordings, which may be including the Catholic Diocese of Peoria publications,	used for future promotional efforts,
Video, still photographs, and audio recordings may be	5 5
Videotaping and Still Photographs	
Authorized Hospital	
Phone Number of Physician ()	
Authorized Physician	
Policy Number	
Insurance Company	
Policy Holder (in name of)	
Insurance information	

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