

2019-2020 CCD REGISTRATION FORM ~ St. Matthias Parish, Greene County

For ALL students registering for any CCD programs for Grade 1 (& Kindergarten at St. Ann only) thru Grade 8 Select (one CCD program): St. Ann, Waynesburg; St. Hugh, Carmichaels; St. Ignatius, Bobtown

Please refer to our church's bulletin or visit www.theccofgc.com for CCD programs' details and calendars / start dates.

The information below is confidential and needed for parish records. Please use LEGAL names & PRINT CLEARLY!

CHILD'S NAME

First

Middle

Last

Circle one: Male Female Birth Date _____ Grade entering _____ School attending _____

Medical Conditions / Food Allergies

~ IMPORTANT: There is NO nurse or medical personnel onsite during CCD.

~ If child has a special diet & there is a special event / holiday celebration, please pack his / her snack. Thank you.

Baptized at _____ Date _____ & 1st Communion received at _____ Date _____

~ A copy of your child's Baptismal Certificate is required if NOT received at a Parish / Catholic Church in Greene County.

Parent's Information ~ If you are NOT the child's biological parent, please note your relationship (i.e. grandparent).

Father's NAME

First

Middle

Last

Mother's NAME

First

Middle

Last

Maiden

Marital Status (please circle all that apply) - Married - Separated - Divorced - Widowed - Single / never married - Father / Mother Remarried

Father's Religion

Mother's Religion

Address

Street

City

State / Zip

Phone Numbers (home) _____ (cell) _____

If two names are above, please note whose cell #.

Email

Emergency Contact (if Parent CANNOT be Reached) Name: _____

Relation to Child: _____ Phone: _____

Person Picking-Up Child (if NOT Parent) Name: _____

Relation to Child: _____ Phone: _____

LIABILITY RELEASE: I understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in these CCD programs in St. Matthias Parish and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the CCD staff, or other associated volunteers of the CCD programs to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge the Pittsburgh Diocese and St. Matthias Parish from all manners of actions, claims which I or my child/children named above shall or may have for any reason, arising during my child's/children's attendance at these CCD.

PHOTO RELEASE: YES NO, I give permission for my child/children to be photographed and to use his/her name(s) in any printed or online publications by St. Matthias Parish and/or Pittsburgh Diocese.

Parent / Guardian Signature

Date

Return completed form to (your selected) CCD Program: St. Ann CCD, 232 E High St, Waynesburg, PA 15370 OR

St. Hugh CCD, 408 Route 88, Carmichaels, PA 15320 OR St. Ignatius CCD Director, Jennifer Dickerson.

There is no registration fee, however, donations are greatly appreciated. Please make checks payable to **St. Matthias CCD**. Thank you.