

2023 - 2024 CCD Registration

Blessed Sacrament Parish St. Elizabeth Ann Seton Parish Sts. Mary & Joseph Parish



Student Information

First _____ Middle _____ Last _____

Address, _____

Date of Birth: ____ / ____ / ____ Male ____ Female ____

Grade entering ____ School _____

Sacraments Celebrated

	Date (mm / Year)	Church	City/ State
Baptism			
1 st Reconciliation			
1 st Eucharist			
Confirmation			

Parent Information

Name: Mother _____ Phone _____

Text Y ____ N ____

Email _____

Father _____ Phone _____

Text Y ____ N ____

Email _____

Student lives with: _____

Parish where family is registered _____

For Office use Only: \$30 per student fee (\$50 per family) for Faith Formation.

Check _____ Cash _____ eGiving _____ Amount paid _____ Date _____

(over)

2023 - 2024 MEDICAL / EMERGENCY FORM

Date _____

Student Name _____

Emergency Contact _____ Phone _____
(Name) (If parents are unavailable)

PART 1: TO GRANT CONSENT

I hereby give consent for the following medical care provider's and local hospital to be called:

Physician _____ Phone _____

Dentist _____ Phone _____

Hospital _____ E.R. Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonable accessible.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a doctor should be alerted:

ALLERGIES / MEDICAL CONDITIONS:

Signature of Parent/ Guardian _____ Date _____

Relationship to student _____

PART 2: REFUSAL TO CONSENT

I do **NOT** give my consent for the emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Church authorities to take the following action:

Signature of Parent/ Guardian _____ Date _____

Relationship to Student _____