

# ST. MATTHEW PARISH CCD PROGRAM

PRESCHOOL—12TH GRADE

## 2016–2017 REGISTRATION FORM

A separate form must be completed in its entirety for each child even if information has not changed from last year. All completed registration forms per family must be submitted together. **PLEASE PRINT ALL INFORMATION CLEARLY.**  
**PLEASE COMPLETE THIS FORM IN ITS ENTIRETY.**

### GENERAL STUDENT INFORMATION:

Student's Last Name	First Name	Nickname	Middle Name	
Date of Birth	Age	Sex (M/F)	School Grade	School
Home Address	City/State/Zip			
Home Phone	Last Formal Faith Formation: Date/Grade Level/Parish/City/State			

### SACRAMENTAL HISTORY:

Mark all sacraments that child has received: Baptism\_\_\_\_\_ Penance\_\_\_\_\_ Eucharist\_\_\_\_\_ Confirmation\_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Parish & City/State of Baptism: \_\_\_\_\_

**\*If this is your child's first year of CCD at St. Matthew, you must submit a copy of their Baptismal Certificate to the Religious Education Office before Fall 2016 classes begin, unless they were baptized at St. Matthew.**

Date of First Communion: \_\_\_\_\_ Parish/City/State of First Communion: \_\_\_\_\_

Date of Confirmation: \_\_\_\_\_ Parish/City/State of Confirmation: \_\_\_\_\_

### MEDICAL HISTORY:

Known Allergies & Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Does your child have a physical or cognitive difficulty? If so, please list and explain: \_\_\_\_\_

Does your child have an aide during the school week? YES NO

Any further information concerning allergies, physical, social or learning disabilities, family situations, personal difficulties, etc. which could better enable us to teach your child? \_\_\_\_\_

### FAMILY INFORMATION:

Father's Name (First/Last)	Religion	Cell Phone	E-mail
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Father's Mailing Address:	City/State/Zip
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Mother's Name (First/Maiden/Last)	Religion	Cell Phone	E-mail
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Mother's Mailing Address:	City/State/Zip
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Are you registered members of St. Matthew Parish? (Yes/No) Father\_\_\_\_\_ Mother\_\_\_\_\_ Child\_\_\_\_\_

Continued on Reverse...

**General Permission**

I request that my child, \_\_\_\_\_, be allowed to attend the CCD Program located at/in **St. Matthew Parish/School** which takes place: **September 2016—May 2017**. 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 event.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Permission Form**

I grant permission for the administration of First Aid to my child, \_\_\_\_\_, by the people in charge of the CCD Program, 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 or accident and prior to any major surgery, except when 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/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Insurance Information:**

Policy Holder (in the name of): \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Identification #: \_\_\_\_\_

Authorized Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Authorized Hospital: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contact:**

In case of emergency, when parent(s)/guardian(s) can’t be reached, please contact: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Videotaping and Still Photographs:**

Video, still photographs, and audio recordings may be taken during the CCD Program. 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 St. Matthew Parish and the Catholic Diocese of Peoria publications and websites.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**YOUR HELP IS NEEDED!**

I am interested in learning more about becoming a:

*Catechist* \_\_\_\_\_ *Co-Catechist (Team Teaching)* \_\_\_\_\_ *Substitute Catechist* \_\_\_\_\_ *Classroom Aide* \_\_\_\_\_

All training and materials are provided. No previous experience required. Volunteers must be 13 years of age or older. Youth and adult volunteers are needed.

**Please mark # of children per family on appropriate line(s) below:**

\_\_\_\_ \$60 for one child

\_\_\_\_ \$50 for each additional child

**Return One Form Per Student To:**

St. Matthew Parish  
Religious Education Office  
1303 Lincolnshire Dr.  
Champaign, IL 61821

**Make Checks Payable To:**  
St. Matthew Parish

**Office Use Only:**

Total Due: \_\_\_\_\_

Total Paid: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Check #/Cash: \_\_\_\_\_

Notes: \_\_\_\_\_

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