

# HOLY NAME OF JESUS PARISH 2020-2021 CCD REGISTRATION

— K5-5th Grade Registration —

*Please return this form to the office by August 30th*

Contact MC for more info: [youth@hnj catholic.com](mailto:youth@hnj catholic.com)

## Registration Fee

1 child \$30.00

2 children \$60.00

3 or more children \$70.00

Classes begin September 20th

Child #1 \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Child #2 \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Child #3 \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Child #4 \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Father's name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's name \_\_\_\_\_ Religion \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email address: \_\_\_\_\_

**(Note: All communications are sent via email.)**

Preferred phone number(s): \_\_\_\_\_

Are you a registered parishioner?    Yes    No

Child lives with:      Both parents      Mother      Father      Guardian

*Please note: All First Communion students must provide Baptismal Certificate*

Sacrament Record	Child:	Child:	Child:
Date of Birth			
Date/Church of Baptism			
Date/Church of Holy Eucharist			
Date/Church of Confirmation			

### 1- Parent/Guardian Agreement

I understand that I, as a parent or guardian, am the first and foremost Catechist for my child(ren). CCD is not a supplement for my responsibility to teach my child(ren) about the Truth, but a help for their education in the Catholic Faith. I will do my best to encourage and educate my child(ren) to be holy young men and women. I understand that it is my responsibility as a parent/guardian to make sure my child is capable of basic classroom etiquette and I understand that disciplinary issues could, in extreme cases, lead to the dismissal of my child from the program. I have looked over the CCD class schedule for the 2020-2021 year and will make sure my child(ren) will attend class each Sunday except in the event of illness or emergency.

**2-Permission to pick up:** If your child is in the **2<sup>nd</sup> grade or lower**, someone must come to the classroom for pick up. Please list all who have permission to pick up your child(ren).

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### 3-Medical Information

As a parent/guardian, I do herewith authorize the treatment of my minor child(ren), as named on this form, by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her/their life, cause disfigurement, physical impairment or undue discomfort if delayed. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence and this authority is granted only after reasonable effort has been made to reach me first or the emergency contact person listed below.

Allergies or other issues: \_\_\_\_\_

Emergency Contact if parents cannot be reached: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

**Signature Line for #1-3 above:**

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Parent/Guardian Signature

Date

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### FOR OFFICE USE ONLY

Amount paid: \_\_\_\_\_ Cash Check Check Number: \_\_\_\_\_

Certificate of Baptism presented (new students only): Yes No