

**2020-2021 REGISTRATION FORM ST. MALACHY
RELIGIOUS EDUCATION – CCD CLASSES**

| |
|-------------------|
| OFFICE USE ONLY |
| Total Due: _____ |
| Total Paid: _____ |
| Check #: _____ |

CHILD'S FULL NAME _____

Name they preferred to be called: _____ Male ___ Female ___

Birth Date _____ Grade: _____ School _____

Please check Sacraments child has received:

_____ Baptism _____ Reconciliation _____ First Eucharist _____ Confirmation

CHILD'S FULL NAME _____

Name they preferred to be called: _____ Male ___ Female ___

Birth Date _____ Grade: _____ School _____

Please check Sacraments child has received:

_____ Baptism _____ Reconciliation _____ First Eucharist _____ Confirmation

CHILD'S FULL NAME _____

Name they preferred to be called: _____ Male ___ Female ___

Birth Date _____ Grade: _____ School _____

Please check Sacraments child has received:

_____ Baptism _____ Reconciliation _____ First Eucharist _____ Confirmation

CUSTODIAL PARENT(S)/GUARDIAN(S) NAMES

Mother: _____

Address _____ City _____ State _____

Cell Phone # _____ Email _____

Mother's Employment: _____ Work# _____

Father: _____

Address _____ City _____ State _____

Cell Phone # _____ Email _____

Father's Employment: _____ Work# _____

NON-CUSTODIAL PARENT'S NAME _____

Address: _____ City _____ State _____

Cell Phone # _____ Email _____

If parents are separated or divorced, please let the Religious Education Staff know if any information should be passed on to the non-custodial parent.

Best way to contact in an emergency: (Please circle your choice)

Text

Email

Call

Who is *authorized*, in addition to custodial parent(s)/guardian, to provide transportation to and from CCD? Please list those who are authorized to do so:

Name: _____ Phone# _____

Name: _____ Phone# _____

Are you a member of St. Malachy Parish? _____ Yes _____ No

If you are not, to what church do you belong? _____

City _____ State _____

Emergency/ Medical Information Form *REQUIRED*

Custodial Parent's Name _____

Doctor's Name _____ Phone# _____

If Custodial parent(s)/guardian is NOT available in an emergency, contact

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Does your child(ren) have any health or allergy issues of which we should be informed?

_____ Yes _____ No If yes ,please explain: _____

(If you need more room, please attach a separate page with that information.)

Insurance Information *REQUIRED*

Policy Holder (In the name of): _____

Insurance Company: _____

Policy Number: _____ Group Number: _____

Authorized Hospital: _____

Medical Permission Form REQUIRED

I grant permission for the administration of First Aid to my child(ren) listed on the attached sheet by the people in charge of Religious Education at Saint Malachy, Geneseo to sign the necessary releases as may be required, to arrange transportation to a proper facility where medical treatment would be administered, and 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.

(Initial Here) YES _____ NO _____

Videotaping and Still Photographs

Video, still photographs and audio recordings may be taken during Religious Education. This authorization form constitutes permission for my child(ren)'s participation in videotaping, still photographs, and/or audio recordings, which may be used for future promotional efforts, including the Catholic Diocese of Peoria publications and websites.

(Initial Here) YES _____ NO _____

General Permission I request that my child(ren) listed on the attached sheet be allowed to attend Religious Education located at Saint Malachy, Geneseo for the duration of the 2020-2021 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. (Initial Here) YES _____ NO _____

Signature of Custodial Parent/Guardian:

_____ Date: _____

_____ Date: _____

Registration Fee: \$25 per child

Please contact the parish office at 944-5393 if these fees need to be adjusted for your family.