

**Corpus Christi Parish**  
Faith Formation Program: Grades 1-12  
Registration Form

Student \_\_\_\_\_  
Last Name First Name Date of Birth

Address \_\_\_\_\_  
Address, City, Zip Code Phone \_\_\_\_\_

e-mail address \_\_\_\_\_

Grade \_\_\_\_\_

Father \_\_\_\_\_ Religion \_\_\_\_\_  
Last Name First Name

Mother \_\_\_\_\_ Religion \_\_\_\_\_  
Last Name First Name

Mother's Family Name \_\_\_\_\_

To whom should communications be mailed: \_\_\_\_\_  
Name Relation to Student  
Address, City, Zip Code

Would like to receive info via text-messages: \_\_\_yes \_\_\_no Cell Phone Number \_\_\_\_\_

Other Parent:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
Address, City, Zip Code

Name(s) of sisters/brothers in program

Family is registered at Corpus Christi Parish \_\_\_\_\_

<b>Sacraments:</b>	<u>Church</u>	<u>Date</u> (Month-Day-Year)
Baptism	_____	_____
First Eucharist	_____	_____
Confirmation	_____	_____

\_\_\_\_\_ I hereby authorize the use of my child's picture(s) by Corpus Christi Parish for use in printed publications or on the Corpus Christi Parish website, Facebook or in Corpus Christi Parish videos. No identification will be used with the photo(s).

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

Please see back of this form for parent volunteer sign-up

# Parent Volunteer Sign-up

We always need help in organizing and planning special events or activities. Please consider helping in any way you can. Please mark which activities you would like to be involved in:

\_\_\_ Parent Advisory/Planning Committee: This group will help provide vision and guidance in the development of the Faith Formation Program. This committee will also help plan special events...for example: Breakfast with St. Nicholas , other family events

\_\_\_ Crafts for any grade level

\_\_\_ Family Days Greeters/Hospitality

\_\_\_ Monthly Family Day set-up/clean-up

\_\_\_ Help Cook breakfast for Family Days and special events

\_\_\_ Help provide refreshments for parent meetings and other events.

\_\_\_ Chaperone/drive for Jr. High and High School Youth Ministry events

\_\_\_ Help plan and organize Jr. High Youth Ministry events

\_\_\_ Other \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

*According to the Diocese of Youngstown policy, all "regular" volunteers working with children on a re-occurring bases must be fingerprinted and attend a 2 hour in-service on Child protection. Fingerprinting will be done at the expense of Corpus Christi Parish. The in-service will be offered at the parish*

**THANK YOU FOR CONSIDERING VOLUNTEERING IN OUR FAITH FORMATION PROGRAM**

**Corpus Christi Parish**  
**Emergency Medical Authorization Form &**  
**Information Regarding Legal Custody**

Date \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_

Address of student's residence \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Purpose: To enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while under Church authority, when parents/guardians cannot be reached as stated in Amended Section 3313.712 and to ensure the child's safety and well being.

Child lives with:   \_\_\_ both biological/adoptive parents  
                          \_\_\_ mother/stepfather  
                          \_\_\_ father/stepmother  
                          \_\_\_ only mother  
                          \_\_\_ only father  
                          \_\_\_ grandparents (with legal custody)  
                          \_\_\_ other relative (with legal custody)  
                          relationship: \_\_\_\_\_  
                          \_\_\_ other Please explain: \_\_\_\_\_

**Residential Parent or Guardian**

Mother's Name \_\_\_\_\_ Sunday Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Sunday Phone \_\_\_\_\_

Other's Name \_\_\_\_\_ Relationship \_\_\_\_\_ Sunday Phone \_\_\_\_\_

Is there a court order (or pending order) affecting the custody and/or residency of the child? \_\_\_\_\_

If so, please attach a copy of the page of the court decision bearing those sections referring to visitation rights and contacts with the CCD. This copy should include any and all modifications made as of the date of registration of the child in this CCD program. It is also the responsibility of the parent to inform the Director of Religious Education of any subsequent modifications during the child's tenure in the Parish Religious Education Program.

**Non-residential parent:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**PLEASE COMPLETE BACK OF FORM**

Does the non-residential parent have visitation rights? \_\_\_\_\_

Does this child spend alternating weekends with the non-residential parent that will result in absence from CCD? \_\_\_\_\_

Comments:

**PART I OR PART II MUST ALSO BE COMPLETED**

**Part I: To Grant Consent**

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

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Local Hospital \_\_\_\_\_ Emergency Rm. 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 preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medication being taken, and any physical impairment(s) to which a physician should be alerted:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**Part II: 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/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Relationship to Child \_\_\_\_\_