

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

Parents: Please sign up for REMIND. It is a way that we communicate events/schedule changes or if we have to cancel because of snow via group messaging. To sign up all you have to do is text this message: @mrnperk to this number: 81010.

Other Parent:

Name _____ Phone # _____

Address _____
Address, City, Zip Code

Name(s) of sisters/brothers in program

Family is registered at Corpus Christi Parish _____

Sacraments:	<u>Church</u>	<u>Date</u>
		(Month-Day-Year)

Baptism	_____	_____
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First Eucharist	_____	_____
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Confirmation	_____	_____
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_____ 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

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 _____