

Saint Henry Catholic Church
ANNUAL CCD Registration Form 2019-2020
Grades K – HS
\$75 registration fee per student

PLEASE PRINT CLEARLY

Student / Family Information:

Today's Date: _____ Child: M ___ F ___
Select one: 10am Class in English _____ OR 12noon Class in Spanish _____

Child's Name: _____ Date of Birth: _____

Address: _____ month/day/year

City _____, Zip Code _____ Age: _____

Telephone _____ Email _____

Father's Name: _____ Religion _____

Home phone: _____ Cell Phone _____

Mother's Name _____ Religion _____

Home phone _____ Cell Phone _____

Mother's Maiden Name _____

Parent(s) email*: _____

Child lives with Father ___ Mother ___ Both ___

Present School Name _____ Grade _____

Are you currently a registered member of St. Henry Church: ___ Yes ___ No

If yes, what is your envelope number? _____

If no, are you registered at another Church and what is the name _____

In the case of a child who is not baptized as a Catholic, the person who enrolls the child as a faith formation student at the parish must provide either (1) written consent of the other, non-enrolling parent or legal guardian, or (2) appropriate legal documentation at the time of enrollment of his/her sole authority to enroll the child.

*Email is used to communicate information regarding class schedule, upcoming activities and other important information. Please provide current email address.

For Administrative use only:

Date Reg: _____

Payment: _____

By: _____

Teacher: _____

Documents received:

B ___ FC ___ BC ___ DC ___

HB ___ Other _____

Sacrament _____

1st yr _____ 2nd Yr _____

Sacramental Information for the child registering for CCD:

Baptism: ___ Yes ___ No If yes, Date: _____

Name of Church _____ City _____, State ___

Reconciliation: ___ Yes ___ No If yes, Date: _____

Name of Church _____ City _____, State ___

Eucharist: ___ Yes ___ No If yes, Date: _____

Name of Church _____ City _____, State ___

Confirmation: ___ Yes ___ No If yes, Date: _____

Name of Church _____ City _____, State ___

Was your child enrolled in a Catholic Religious Education program or Catholic School last school year? Yes ___ No ___ Program Name: _____

Circle all grades attended at Catholic School or in a Religious Education/CCD Program:

K 1 2 3 4 5 6 7 8

Emergency Contact Information:

Name: _____ relationship _____

Cell phone number _____

Alternate phone _____

Does your child have (check all that apply): Allergies _____ Medical Needs _____
Special Needs _____

Teaching Safety Program

Teaching children to protect themselves is part of the mandate of the Charter for the Protection of children and Young People adopted by the United States Conference of Catholic Bishops in June 2002. During this CCD school year, we will teach two lessons on "Touching Safety" for all grades. These sessions are merely to reinforce what you teach at home. Parents can have their child "opt out" of these two lessons. Please mark below whether or not your child will participate in the Teaching Touching Safety lessons. For more information on the Touching Safety program, visit www.Virtus.org.

___ Yes, my child may attend the Touching Safety program lessons

___ No, my child will not attend the Touching Safety program lessons

Other:

Can we include you in our list of volunteers this year? ____ Yes ____ No

Parental Commitment:

As parents, we recognize that we are our child(ren)'s primary catechist, that is, their first educators in the Faith. Therefore, we commit to the following:

- Create a prayerful atmosphere in our homes
- Make religious education a top priority
- Assist my child in their religious education, including helping them learn their prayers
- Regularly attend the Holy Mass with my child
- Attend all required CCD & Sacramental preparation meetings
- Submit all fees and documentation in a timely manner
- I understand that the Sacramental Preparation program requires a minimum of two (2) consecutive years of catechesis (CCD classes) before the Sacrament may be conferred upon my child.

We fully understand and agree to all of the above criteria on this document.

Father's signature: _____ date: _____

Father's printed name: _____ (or legal guardian)

Mother's Signature: _____ date: _____

Mother's printed name: _____ (or legal guardian)

SIGNATURES OF BOTH PARENTS OR LEGAL GUARDIANS ARE REQUIRED FOR REGISTRATION IN ST. HENRY RELIGIOUS EDUCATION (CCD) PROGRAM.

REQUIREMENTS FOR CCD REGISTRATION TO PLACE YOUR CHILD IN CLASS:

1. Completed registration form signed by both parents
2. Registration fee
3. Copy of Birth certificate
4. Copy of Baptismal certificate
5. Copy of First Communion certificate (for Confirmation candidates)
6. Signed behavior & dress code form
7. Signed acknowledgement of receipt of Parent/Student Handbook