

St. John the Baptist Catholic Church
Faith Formation (CCD) Enrollment & Information Form
Complete a separate form for each child. Registration Fee \$50 (\$100 max per family)

Child's full name _____ Grade _____

Name of Primary Custodian _____

Address _____

Phone _____ ☐ Cell ☐ Home

Email _____

☐ Check this box if you would be interested in being a classroom parent or aide in your child's class.

Name of Secondary Custodian _____

Address _____

Phone _____ ☐ Cell ☐ Home

Email _____

☐ Check this box if you would be interested in being a classroom parent or aide in your child's class

Does your child have any special needs or does your child receive special education services that would be helpful to share with the catechist?

Please list any special medical needs, medications, allergies (medicine or food), or physical disability for each child.

Whom should we contact in case of an emergency?

Name _____

Phone _____

MEDICAL TREATMENT AUTHORIZATION

I understand that I will be notified in the case of a medical emergency involving my child. However, if I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services if my child is injured or becomes ill. I understand that St. John the Baptist Catholic Church will not be responsible for medical expenses incurred solely based on this authorization. I agree to notify the parish of any health changes which would restrict my child's participation in any normal youth or children's activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Name of Doctor _____

Phone _____

St. John the Baptist Parish has my permission to use my child's photograph or video (with name identification, but not address or phone number) to promote related activities in any and all print publications, online publications, presentations, websites, social media sites, etc...

☐ Yes

☐ No

(Signature of Parent/Guardian)

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