



St. Benedict Parish CCD Program

Dear Parents,

As we prepare for the upcoming year of religious education, please know of our support of your duty to educate your children in the faith. You are your children's best teachers. They learn the most from the witness you give by praying together and by your participation in the Mass and the other sacraments.

This year, we have assembled a wonderful group of catechists to assist you in helping your children grow in their relationship with God. Through prayer, teaching and activities, the children will be given an opportunity to grow in their faith. Feel free to get to know your child's catechist and even to spend time in the classroom.

We also want to help equip you with tools to help you fulfill your duty of teaching your children about the faith. Please make it a priority to attend all required meetings, and consider attending any opportunities that may be provided to deepen your own relationship with God.

Thank you for trusting us with helping you form the faith of your child. We are looking forward to a great year of CCD!

Shalom,

Fr. Jeremy Heppler, OSB

Pastor of St. Benedict Parish
Atchison, Kansas



St. Benedict Parish CCD Program

This CCD Program Packet will need to be submitted in its entirety. **We ask you to submit one packet per student please.** Please do not remove any pages of this packet as all of the information will need to be submitted together. Utilize the checklist provided to ensure you are submitting all of the required documents with the registration fee. Should you have any questions during this process, please make contact with your CCD Coordinator or contact the Parish Office at 913-367-0671.

Registration Fees: *checks made payable to St. Benedict Parish - CCD Registration*

One Student: \$30.00

Two Students: \$45.00

Three or more Students: \$55.00

Mark with a check mark as each item is completed. Once you have finished submit CCD Program Packet with the CCD Registration Fee to the Parish Office for processing.

CCD Packet and Registration Fees are due September 1, 2017.

Checklist:

- Registration Enrollment Form
- Baptismal Certificate
- Parent Volunteer Form
- Child Pick-up Release Form
- Registration Fee



St. Benedict Parish CCD Registration Enrollment Form

CCD Year _____

Student Information *one packet per student*

Student's Full Name: _____

Date of Birth: ____/____/____

Student's City of Birth: _____

Student's Address: _____

School District: _____

Level/Grade of student: _____

Gender: Male / Female

Was the student adopted: Yes / No

Was the student privately baptized? (In hospital, due to health concerns, etc.): Yes / No

Parental Information

Father's Full Name: _____

Religion of Father: _____ Phone Number: _____

Address if different from student: _____

Email: _____

Mother's Full Name: _____

Religion of Mother: _____ Phone Number: _____

Address if different: _____

Email: _____

Were parents of student married by a Priest: Yes / No

Parish married in: _____

Anniversary Date: ____/____/____

Are Parents members of a Catholic Parish: Yes / No

Name of Parish: _____

Address of Parish: _____

Phone Number of Parish: _____



St. Benedict Parish CCD Registration Enrollment Form

Sacramental Information

Note: If your child was not baptized at St. Benedict Parish, Atchison, Baptismal Certificates are required and due no later than Dec, 31st in order to continue the CCD Program and to receive the Reconciliation, First Communion, and Confirmation Sacraments.

Baptism: Yes / No

Date: ____ / ____ / ____

Parish: _____

Reconciliation: Yes / No

Date: ____ / ____ / ____

Parish: _____

First Communion: Yes / No

Date: ____ / ____ / ____

Confirmation: Yes / No

Date: ____ / ____ / ____

Parish: _____



St. Benedict Parish CCD Emergency, Medical, Allergy Releases

Emergency Contact Information

Emergency Contact Name: _____
Relationship to Student: _____ Contact Phone Number: _____
Alternate Phone Number: _____

Emergency Contact Name: _____
Relationship to Student: _____ Contact Phone Number: _____
Alternate Phone Number: _____

Authorization and consent of parent(s) or legal guardian(s)

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for St. Benedict Parish CCD Staff to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the St. Benedict Parish CCD Staff to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the St. Benedict Parish CCD Staff in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

Parent / Legal Guardian Signature: _____

Printed Name: _____

Allergies

Does your child have any known allergies that the CCD Program Staff will need made aware of? Latex, nut allergy, any other aggressive allergies, etc. If so, what are they *(please be specific)*:



St. Benedict Parish CCD Child Pick-up Release Form

CCD Year _____

To help ensure the safety of your children, the St. Benedict Parish CCD program requires parents to authorize any individuals who will pick up their children. Children will only be allowed to leave with their parents or those listed on this form. If you have not yet returned this form to the CCD Coordinator, your child will only be allowed to leave with you, the parent. Individuals may be added to this list at any time with your written consent. To assist us with these safety measures, you will be invited briefly into the classroom at the end of the first class to meet your child's catechists.

If your child is in fifth grade or higher, you have the option to meet your child in the parking lot. If you wish to use this option, you must sign the form below, releasing St. Benedict Parish CCD Program from responsibility for your child after 8:00 PM when they leave the building. If you do not return this form, you will need to come to the gym to pick up your child.

Thank you for sharing in our efforts to keep all our children safe!

Name of Child(ren)	Person Authorized to Pick up Child	Relationship to Child

I, _____ authorize the above individuals to pick up my child(ren) from St. Benedict Parish CCD classes.

FOR CHILDREN IN FIFTH GRADE OR ABOVE ONLY: I, _____ give my child(ren) permission to meet me in the St. Benedict School parking lot at the end of each CCD class. I release the Pastor, CCD Coordinator, and Catechists of St. Benedict Parish and the Archdiocese of Kansas City in Kansas from all responsibility for my child after 8:00 PM when my child leaves the St. Benedict School building.

Additional Comments or Concerns:

For Parish Staff use only:

Registration Enrollment Form:	Yes / No	Initials: _____	Date: _____
Baptism Certificate:	Yes / No	Initials: _____	Date: _____
Baptism Recorded in Parish Support:	Yes / No	Initials: _____	Date: _____
Parent Volunteer Form:	Yes / No	Initials: _____	Date: _____
Child Pick-up Release Form:	Yes / No	Initials: _____	Date: _____
Registration Fee Recorded in Q.B.:	Yes / No	Initials: _____	Date: _____
Reconciliation Recorded in Parish Register:	Yes / No	Initials: _____	Date: _____
Reconciliation Recorded in Parish Support:	Yes / No	Initials: _____	Date: _____
First Communion Recorded in Parish Register:	Yes / No	Initials: _____	Date: _____
First Communion Recorded in Parish Support:	Yes / No	Initials: _____	Date: _____
Confirmation Recorded in Parish Register:	Yes / No	Initials: _____	Date: _____
Confirmation Recorded in Parish Support:	Yes / No	Initials: _____	Date: _____

