

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 are looking forward to helping your children grow in their relationship with God. Through prayer, teaching, activities, and celebrations, 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 Hepler, OSB Pastor of St. Benedict Parish
Atchison, Kansas

This CCD Program Packet will need to be submitted in its entirety. We ask you to submit one packet per student. Please do not remove any pages of this packet as all of the information will need to be submitted together. Should you have any questions during this process, please email Rebekah Firestine, Parish CCD Coordinator at stbenedictccd@gmail.com or contact the Parish Office at 913-367-0671.

CCD Packet and Registration Fees are due on/by the first day of class, Wednesday, September 5, 2018.

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

Student Information *(one packet per student)*

Student's Full Name: _____

Date of Birth: / /

Student's Address:

School Attending:

Level/Grade of student:

Gender: Male / Female

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: _____

Are parents members of St. Benedict Parish: Yes / No

Name of Parish:

Address of Parish:

Phone Number of Parish:

Are you interested in volunteering with the program this year? (Ex: In your child's classroom, at parties, making snacks, etc.) If so, how would you like to be involved?

Sacramental Information

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

Baptism: Yes / No

Date: ____/____/____

Parish/City: _____

Reconciliation: Yes / No

Date: ____/____/____

Parish/City: _____

First Communion: Yes / No

Date: ____/____/____

Parish/City: _____

Confirmation: Yes / No

Date: ____/____/____

Parish/City: _____

Emergency Contact Information

Please provide the name of someone who lives in the area, other than a parent living in the home with the child. In case of emergency my child/children may be released to:

Emergency Contact Name:

Relationship to Student:

Contact 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

Date

Printed Name

Allergies

Does your child have any known allergies that the CCD Program Staff will need made aware of?
(please be specific):

Pick Up Information

To help ensure the safety of your children, the St. Benedict Parish CCD program requires parents to authorize any individuals to 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 above, 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 of our children safe!

Child’s Name

Authorized person(s) to pick child up

Relationship to child

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

FOR CHILDREN IN FIFTH GRADE OR ABOVE ONLY:

I _____, give my child 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.

Media Release

I hereby consent to my child being interviewed, photographed, and/or videotaped by St. Benedict Parish CCD program volunteers/parish staff and/or representatives. Any information or images obtained from those activities may be reproduced by the Parish and/or public media for use in advertising, publicity, social media, or educational activities, including, but not limited to Parish publications and/or videos, print and television news and Parish websites. I hereby waive any claims I may have and release the Parish and its employees from any liability or claims arising out of such activities.

Parent Signature

Parent printed name

Additional Comments or Concerns:

For Parish Staff use only:

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