



# SAINT JOSEPH PARISH CCD RELIGIOUS EDUCATION PROGRAM 2022-23 REGISTRATION FORM



**Please print clearly. For first time registrations, please bring an original of each child's Baptismal Certificate.**

Child's Full Name (First, Middle, & Last)	Sex M/F	Date of Birth	Grade Level	Name of Day School	IF NEW STUDENT: Baptism Date & Parish	IF NEW: 1 <sup>st</sup> Penance Date	IF NEW: 1 <sup>st</sup> Communion Date

Family Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work or Cell Phone #: \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work or Cell Phone #: \_\_\_\_\_ Religion \_\_\_\_\_

Name of Person responsible for Religious Education if not Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

☐ Please check box if there are custodial/legal issues regarding any child listed above and provide a complete copy of the court order.

## EMERGENCY CONTACT INFORMATION:

If we are unable to reach you, whom should we contact? **PLEASE LIST SOMEONE OTHER THAN PARENT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number (home) \_\_\_\_\_  
(cell) \_\_\_\_\_

**PLEASE MAIL THIS FORM WITH THE APPLICABLE REGISTRATION FEE (CHECKS PAYABLE TO ST. JOSEPH CHURCH) TO:  
WILLIAM J. BOYCE, CCD COORDINATOR, ST. JOSEPH PARISH CENTER, 7631 WATERS RD., CHELTENHAM, PA 19012**

REGISTRATION FEE	paid by August 21	paid after August 21
1 child registering in family	\$ 100.00	\$ 125.00
2 children registering in family	\$ 130.00	\$ 155.00
3 or more children registering in family	\$ 160.00	\$ 185.00



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## MEDICAL/LEARNING DATA

If any of the following apply to your child, please give details in the appropriate spaces.

Child's Name	Medical Conditions/Allergies	Prescribed Medications	Disability*/ Learning Support Services	Individualized Education Program (IEP)
				<input type="checkbox"/> YES
				<input type="checkbox"/> NO
				<input type="checkbox"/> YES
				<input type="checkbox"/> NO
				<input type="checkbox"/> YES
				<input type="checkbox"/> NO
				<input type="checkbox"/> YES
				<input type="checkbox"/> NO

\* As defined by *Individuals with Disabilities Education Act* (IDEA), the term "child with a disability" means a child: "with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and who, by reason thereof, needs special education and related services.

## **OTHER IMPORTANT DATA**

Is there other information about your child that should be communicated?

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## **PARENTAL ACKNOWLEDGEMENTS AND CONSENTS**

I give permission that, in my absence, my child(ren) whose names appear on this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the CCD Religious Education Program (CCD) and activities at Saint Joseph Parish.

I understand that in order to provide continuity of instruction during a health or weather emergency, the CCD Program may need to use an interactive, in-person virtual classroom provided through Google Meet. I acknowledge that I am expected to supervise my child(ren) during the scheduled instructional time and in accordance with the parish "netiquette." I understand that my child(ren) should keep their camera on so the catechist can view them, the background should be free of any inappropriate or distracting images or content and my child(ren) should be dressed appropriately. I understand that my child(ren) should be respectful of the catechist, follow his/her directions, and be participatory in lessons, activities and discussions.

I understand that my child(ren)'s CCD session may be recorded and stored securely on the Internet. My signature below indicates my understanding and acknowledgment of the potential for video and audio recording of my child(ren) during virtual CCD lessons and activities.

I give permission for my child(ren)'s picture to appear, with name, to be posted on the parish name website, bulletin boards, newspaper articles and all forms of social media in relation to events that happen in the parish.

For First Penance, Holy Communion and Confirmation candidates only: I give permission for my child(ren)'s name to be printed in the Sacramental booklet and parish bulletin. I understand that the parish bulletin is be posted on the parish website.

**PLEASE REVIEW THE ABOVE ACKNOWLEDGEMENTS AND CONSENTS AND SIGN BELOW**

**AND ALSO REVIEW AND SIGN THE SEPARATE STUDENT RELEASE, WAIVER OF LIABILITY, AND INDEMNITY FORM.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_



## SAINT JOSEPH PARISH CCD RELIGIOUS EDUCATION PROGRAM 2022-23 REGISTRATION FORM

### Student Release, Waiver of Liability, and Indemnity

Attendance at St. Joseph Parish Cheltenham CCD Religious Education Program (known as “CCD”) and participation in activities that are sponsored and/or supervised by or taking place at CCD (“CCD Activities”) may present certain risks of injury or illness (including from Covid-19 or other communicable diseases) that could result in death and/or risks of loss of or damage to property. Parents/guardians enrolling their child or children in CCD acknowledge such risks and voluntarily assume those risks or other unknown risks, and accept that the Parish, the Archbishop of Philadelphia, and the Archdiocese of Philadelphia have no obligation to provide any insurance or other financial assistance for the costs of any injury, illness, or death or loss of or damage to property resulting, directly or indirectly, from the CCD Activities, and expressly waive any claim for such compensation.

**Acknowledgments.** Parents/guardians agree that they: (1) consent to their child’s participation in CCD Activities; (2) understand the nature of the CCD Activities; and (3) their child is qualified, in good health, and in proper physical condition to participate in the CCD Activities.

**Medical Treatment.** In the event of a medical emergency, parents/guardians consent for their child to receive necessary medical treatment until the emergency contact person(s) on file with the CCD can be notified and that they are responsible for the payment of any such treatment.

**Waiver and Release.** By acknowledgement and acceptance of this release, parents/guardians, on behalf of themselves, their child, heirs, next of kin, spouse, and legal representatives, release, waive, discharge from, and agree not to sue the Parish, the Archbishop of Philadelphia, and the Archdiocese of Philadelphia and their respective affiliates, successors, and assigns, directors, officers, employees, volunteers, agents, contractors, and representatives (collectively “Released Parties”) for any and all claims, costs, liability, or damages of any injury, illness, death or loss of property resulting, directly or indirectly, from the CCD Activities except if caused by the gross negligence or intentional misconduct of any of the Released Parties which shall not be imputed to the other Released Parties.

**Indemnity.** Parents/guardians will indemnify, save, and hold harmless each of the Released Parties from any litigation expenses, attorney fees, loss, liability, damage, judgment or cost which may be incurred as the result of any claims by others against the Released Parties on behalf of the parents/guardians or their child.

BY MY SIGNATURE, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND ACCEPT AND I FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE. I ACKNOWLEDGE THAT I AM ACCEPTING THIS STATEMENT FREELY AND VOLUNTARILY, AND INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_