

# CCD Religious Education Program

Blessed Sacrament – Lincoln, NE

CY 2024 - 2025

PARENT/GUARDIAN INFORMATION			
Last Name:	Father's Name:	Mother's Name:	Mother's <b>Maiden Last Name:</b>
Address:		City/State:	Zip:
Home Phone:	Cell Phone:	Email:	

Are you registered in Blessed Sacrament Parish? Yes \_\_\_\_ No \_\_\_\_

\*\*\* If not which parish, are you registered in? \_\_\_\_\_

**Permission must be given by your Parish Priest to be registered in our CCD program. Proof of current registration is required if enrolling students from another Parish. Contact Father Morin for further information at: 402-474-4249.**

Were your children registered in Blessed Sacrament CCD during the 2023-2024 school year? Yes \_\_\_\_ No \_\_\_\_

Please list the name(s) and grade(s) of the child(ren) who will be attending Blessed Sacrament CCD during the **2024-2025** school year. Please indicate what sacraments each child has received and the date in which it was received. **Please attach a copy of the sacramental certificates.** (Baptism, First Communion, and Confirmation)

STUDENT INFORMATION / CY 2024-2025							
Last Name:	First Name:	MI	Birth Date:	Age	Gender	School	Grade
<b>SACRAMENTS - Indicate DATE RECEIVED and PARISH SACRAMENT RECEIVED</b>							
Baptism Date:		1 <sup>st</sup> Communion Date:		Confirmation Date:			
Parish:		Parish:		Parish:			

Last Name:	First Name:	MI	Birth Date:	Age	Gender	School	Grade
<b>SACRAMENTS - Indicate DATE RECEIVED and PARISH SACRAMENT RECEIVED</b>							
Baptism Date:		1 <sup>st</sup> Communion Date:		Confirmation Date:			
Parish:		Parish:		Parish:			

Last Name:	First Name:	MI	Birth Date:	Age	Gender	School	Grade
<b>SACRAMENTS - Indicate DATE RECEIVED and PARISH SACRAMENT RECEIVED</b>							
Baptism Date:		1 <sup>st</sup> Communion Date:		Confirmation Date:			
Parish:		Parish:		Parish:			

Last Name:	First Name:	MI	Birth Date:	Age	Gender	School	Grade
<b>SACRAMENTS - Indicate DATE RECEIVED and PARISH SACRAMENT RECEIVED</b>							
Baptism Date:		1 <sup>st</sup> Communion Date:		Confirmation Date:			
Parish:		Parish:		Parish:			

**Parish Fee:** \$40.00 per child. (Maximum \$100.00 per family)    **Diocesan Religious Education Fee:** \$15.00 per child.

\*\* Scholarships and payment plans are available. \*\*

Parish Tuition Paid \$ \_\_\_\_\_

Diocesan Fee Paid \$ \_\_\_\_\_  
\$15.00 per student

Cash \_\_\_\_\_ Check NR \_\_\_\_\_ Date \_\_\_\_\_

Early Bird Registration \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

**Blessed Sacrament CCD Program  
Emergency Form**

Parent/Guardian Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

List two neighbors or relatives who will assume temporary care of your child if you cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list your child's name & indicate any kind of health problem (diabetes, hearing/vision problems, allergies, etc.)

In case of accident or serious illness, I understand that the CCD/CGS Program, using their best judgement, will call the parent(s) or emergency contact person(s) listed OR call 911 as appropriate.

Parent Signature: \_\_\_\_\_ Student's Names(s): \_\_\_\_\_

Date: \_\_\_\_\_

**CCD Textbook Policy & Photo Release**

I understand that my student(s) will be using 2 books during the CCD year. The textbook remains the property of Blessed Sacrament's CCD Program and is to be returned for use next year. The workbook will become the student's property and will be utilized during the year.

**I understand that the textbook must be returned in good condition, or I will be responsible for the replacement cost of \$10.00 dollars.**

Blessed Sacrament Church has my permission to use photographs of me and my family in the Southern Nebraska Register, the parish website, newsletter, Facebook page, professional photographer(s) for Sacramental photographs, classroom use and other promotional or news related articles. If you do not wish to grant permission for the use of photographs, please contact Father Michael J. Morin at 402-474-4249 or CCD Coordinator Jamie Long Soldier at 402-202-6632.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_