

# CCD & Catechesis of the Good Shepherd Religious Education Programs

Blessed Sacrament – Lincoln, NE  
CY 2018 - 2019

PARENT/GUARDIAN INFORMATION			
Last Name:	Father's Name:	Mother's Name:	Mother's <u>Maiden Last Name</u> :
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 and/or CGS programs. Proof of current registration is required if enrolling students from another Parish. Contact Father Sullivan for further information at: 474-4249.)**

Were your children registered in Blessed Sacrament CCD and/or CGS during the 2017-2018 school year? Yes \_\_\_ No \_\_\_

Please list the name(s) and grade(s) of the child(ren) who will be attending Blessed Sacrament CCD and/or CGS during the **2018-2019** 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 2017-2018							
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/CGS 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 use of photographs, please contact Father John Sullivan at 402-474-4249 or CCD Coordinator Sheri King at 402-580-9986.

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

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

# NOTIFY NOW INFORMATION SHEET

In the event it would become necessary to cancel a scheduled CCD/CGS class session i.e. inclement weather, prior to the scheduled class time, Blessed Sacrament will utilize a service called **IRIS** (NOTIFY NOW) to notify you.

- Based on the degree of the Alert selected by Blessed Sacrament, **NOTIFY NOW** will contact the numbers you provide below in the order you've chosen. You are not required to have all of these contacts to receive **NOTIFY NOW** communications. The contacts are to be selected by you based upon what contact information is most suited to you. Please provide the information for only those that will be useful to you.

Student \_\_\_\_\_ Grade \_\_\_\_\_  
 Student \_\_\_\_\_ Grade \_\_\_\_\_  
 Student \_\_\_\_\_ Grade \_\_\_\_\_  
 Student \_\_\_\_\_ Grade \_\_\_\_\_  
 Student \_\_\_\_\_ Grade \_\_\_\_\_

<u>Degree of Alert Notice</u>		
<b>SEVERE</b>	<b>ELEVATED</b>	<b>LOW</b>
Phone 1	Phone 1	Phone 1
Phone 2	Phone 2	Phone 2
Phone 3	Phone 3	Phone 3
Email	Email	Email

- The caller ID will reflect the number of Blessed Sacrament or the **NOTIFY NOW** communications center.

<b>CONTACT LIST:</b>	
<i>Please include area codes</i>	
Phone 1: _____	Text Messaging <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone 2: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone 3: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email 1: _____	
Email 2: _____	

**IRIS** is able to detect duplicate numbers and will use the number only once. This will eliminate multiple calls to the same number if you have more than one student attending CCD/CGS

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