

# CCD Religious Education Program

Blessed Sacrament – Lincoln, NE

**CY 2020 - 2021**

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: 474-4249.**

Were your children registered in Blessed Sacrament CCD and/or CGS during the 2019-2020 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 **2020-2021** religious education 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 2020-2021							
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 relatives or neighbors you authorize to 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

By checking this box I understand that my student(s) will be issued a Student Manual and a Student Activity book for the CCD year. The Student Manual remains the property of Blessed Sacrament's CCD Program and is to be returned for use next year. **I understand that the text book must be returned in good condition or a replacement cost of \$10.00 dollars will be assessed.**

A Student Activity book becomes the property of the student and kept by the student at the conclusion of the religious education year.

By checking this box, I understand that Blessed Sacrament Church has my permission to use photographs of me and my family in the Southern Nebraska Register, the parish website, newsletters, 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 Michael Morin at 402-474-4249 or CCD Coordinator Sheri King at 402-580-9986.

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

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