

Epiphany Catholic Parish—CCD Registration

2023-2024

Family Name:

Address:

City/State/Zip:

Father Information

Mother Information

Name:

Name:

Maiden:

Email:

Email:

Cell:

Cell:

Religion:

Date of Birth:

Religion:

Date of Birth:

Employer:

Employer:

Occupation:

Occupation:

Emergency Contact (other than parent)

Phone:

Name/Relationship:

2023 - 2024 Tuition Fees

Child	Tuition
1	\$150
2	\$250
3	+ \$50 for each additional child

Financial Assistance

Families needing tuition assistance are encouraged to email Aggie at aggie.hatch@epiphanyparish.com

Registration Deadline and Late Fee

Completed forms and full payment should be turned in by **July 30th** to avoid incurring a **\$35 late fee**. Return to the parish office by mail, delivery during office hours, or the Sunday collection basket.

New Students

Submit a photo copy of the **Baptismal Certificate** for each new student. If baptized at Epiphany, just provide us with the month and year.

Month/Year: _____

Volunteers

Our CCD program exists through the help and dedication of volunteers. For the best possible instruction for the children of our parish, we need your help!!

Please indicate which of the following apply to you:

- I am already a catechist and am all set up for the year.
- I am not a catechist but am interested in being a catechist in the future. The catechist is the lead teacher in the classroom and receives a full tuition discount for their students enrolled in CCD. Name of parent interested: _____
- I am already an assistant and am all set up for the year.
- I would like to help as an assistant this year. Assistants help in the classroom as needed, and possibly fill in as a substitute lead teacher. Assistants receive a 50% tuition discount for their students enrolled in CCD. Name of parent interested: _____
- I am or want to be a Door/Hall Monitor- Help provide direction or assistance before, during, and after classes. Door/Hall Monitors receive a 50% discount for their students enrolled in CCD. Name of parent interested: _____

PLEASE NOTE: All volunteers must have the Safe Environment Training completed prior to the start of CCD. We'll help you get this completed if you have not yet!

STUDENT INFORMATION			
Name:	Preferred:	Gender:	Birthdate:
Email:	Cell Phone:	Birthplace:	
School:	Grade:	CCD Class:	
Medical Condition:		Pref. Hospital:	
Medication & Dosage:		Physician/Phone:	
Allergy—Food:			
Allergy—Medication:			

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Medication & Dosage:		Physician/Phone:	
Allergy—Food:			
Allergy—Medication:			

Student Names: _____

INSURANCE INFORMATION

Policy Holder (in the name of): _____

Insurance Company: _____ Policy Number: _____

Hospital/Physician information to be logged by each student's information.

*The Diocese of Peoria requires completion of all waivers to participate in CCD. **No EXCEPTIONS.***

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

This information will be kept in parish files. A copy will be distributed to the person in charge of each trip or athletic activity in which the student participates. Should the need arise this information will be given to proper medical authorities and parents notified. I understand that in case of illness or injury to my child, the parish will try to notify me or the person I have listed as an emergency contact. In case of said emergency, at a time when I or my emergency contact cannot be notified, I grant full power to the parish to 1) arrange transportation to a proper facility where medical treatment would be administered, and 2) sign releases as may be required in order to obtain any treatment as is required in judgment of medical authorities at the facility. This Authorization for Emergency Medical Treatment is valid for one year, from Aug 1, 2023 through July 31, 2024.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

LIABILITY WAIVER

Participants As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named students. I understand the risks this activity may present to my child, including, but not limited to, a serious personal injury or death. In consideration of my child being allowed to participate in this activity, I hereby release and agree to indemnify and hold harmless, the Diocese of Peoria the parish, teachers, chaperones, volunteers, or representatives associated with the event, and their employees and agents, from any liability for injuries, damages, medical expenses, or any other loss to my child, family, or me (including attorney's fees) arising from or related to my child's participation in this activity.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

PUBLICITY WAIVER

On occasion, the parish named above takes photographs or makes an audio or video recording of children and/or adults involved in parish activities. Such photographs or video records may be used by my staff and participants to remember the activities or participants. In addition, such photographs and audio-visual records may be used in parish publications or advertising materials to let others know about the parish. Also, local news organizations may learn about the parish's activities or events, and the parish may invite or allow them to photograph or record such events to be used, distributed, or displayed as the agents of the parish see fit. I hereby expressly grant to the parish named above and/or the Diocese of Peoria and Parish the right, privilege and license to use the picture or likeness of my child/children in any photograph, movie, video production or any other forms of media publication and to use the verbal or written statements or declarations of my child/children for the purpose of publicizing, fostering and promoting the parish and its program, or for any other purpose in furtherance of the mission of the parish and/or the Diocese of Peoria.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

COVID WAIVER

I understand that my child could be exposed to COVID-19 while attending Epiphany parish/school and I knowingly and voluntarily assume all such risks, both known and unknown. I do hereby release, forever discharge, and agree to indemnify and hold harmless the school, parish, the Catholic Diocese of Peoria, IL, and their staff, employees, agents, and volunteers from any and all liability, for injuries, damages, medical expenses or any other loss to my child or family, including attorney fees, arising from claims of any kind or nature whatsoever due to my child's participation.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date