

**Holy Family Church  
 CCD PROGRAM  
 2020/2021 REGISTRATION FORM**

<b>Family Name:</b>					
<b>Street:</b>		<b>City:</b>		<b>ZIP:</b>	
<b>Mother's Name:</b>			<b>Father's Name:</b>		
<b>Mother's E-Mail:</b>			<b>Father's E-Mail:</b>		
<b>Mother's Cell Phone:</b>			<b>Father's Cell Phone:</b>		
<b>Mother's Address if Different</b>			<b>Father's Address if Different</b>		
<b>Student First Name</b>	<b>Birth date</b>	<b>Grade in September</b>	<b>School</b>	<b>Sacraments Received:</b>	
				<b>Baptism</b>	<b>Penance</b>
				<b>Eucharist</b>	

In the event of a medical emergency, every effort will be made to contact parents or guardians at the numbers listed above. If a parent cannot be contacted, permission is given for the child to receive medical treatment as deemed

<b>Emergency Contacts:</b>	<b>Name:</b>	<b>Cell Phone:</b>
	<b>Name:</b>	<b>Cell Phone:</b>

necessary by the attending physician at the nearest hospital.

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

What better way for parents to teach their children about service than to serve. As a Parish Community it is wonderful to have the help of parents. Would you be able to give your time as:

Teacher \_\_\_\_ Aide \_\_\_\_ Office Help \_\_\_\_ Music \_\_\_\_ Special Programs \_\_\_\_

<p><b>TUITION:</b>          Age 3 through 8<sup>th</sup> Grade</p> <p>\$30.00 for 1 Child          \$50.00 for 2 Children          \$80.00 for 3+ Children</p>
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<p><b>CLASS SCHEDULE:</b>  <b>TUESDAYS</b> Age 3 through 8<sup>th</sup> Grade 6:30pm to 8:00pm</p> <hr/> <p style="text-align: center;"><b>PLEASE NOTE:</b>          Please complete the enclosed Registration Form and return it (along with the appropriate Registration Fee) as soon as possible, <b>but no later than September 22, 2020</b>. Please register as early as possible that will help u prepare and plan for next year with sufficient books, teachers and classrooms.</p>
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To help us better serve the needs of your children. Please complete the following. All information will be kept Confidential, and only shared with teacher if needed to for learning and safety purposes.

Who lives in the family home? (parents, siblings, grandparents, extended family) \_\_\_\_\_

Please share the "language spoken at home"? \_\_\_\_\_

**Child #1** \_\_\_\_\_

Please list any medical or health Condition of your child. \_\_\_\_\_

Please list any allergies affecting your child. \_\_\_\_\_

Please share any learning difficulty? Does your child have an IEP or 504? \_\_\_\_\_

Please share any behavioral, emotional or social difficulty for your child? (shy, anxiety etc...) \_\_\_\_\_

**Child #2** \_\_\_\_\_

Please list any medical or health Condition of your child. \_\_\_\_\_

Please list any allergies affecting your child. \_\_\_\_\_

Please share any learning difficulty? Does your child have an IEP or 504? \_\_\_\_\_

Please share any behavioral, emotional or social difficulty for your child? (shy, anxiety etc...) \_\_\_\_\_

**Child #3** \_\_\_\_\_

Please list any medical or health Condition of your child. \_\_\_\_\_

Please list any allergies affecting your child. \_\_\_\_\_

Please share any learning difficulty? Does your child have an IEP or 504? \_\_\_\_\_

Please share any behavioral, emotional or social difficulty for your child? (shy, anxiety etc...) \_\_\_\_\_

**Please list any other helpful information you would like the Religious Education Office to know** \_\_\_\_\_

## Novel Coronavirus Acknowledgement & Waiver

I agree, represent and warrant that neither the undersigned, nor any registered participant child(ren) shall visit or participate in the activities of the CCD Program within 14 days after (1) returning from outside the United States, (2) exposure to any person returning from outside the United States, or (3) exposure to any person who has a suspected or confirmed case of COVID-19; OR if he or she (1) experiences symptoms of COVID-19, including without limitation, fever, cough or shortness of breath, or (2) has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify Sr. Anna Lesniak DRE (or their immediate assistant) immediately if any of the foregoing access/use restrictions may apply. The foregoing does not apply to any parent who is employed in health care settings and wear medically protective equipment.

The CCD Program and Holy Family Parish have, or may put in place, preventative measures to reduce the spread of COVID-19. I agree to comply with measures that may be required to best protect against the introduction of viruses at the parishes, including, but not limited to hygiene practices and temperature screening, completion of a daily screening form, social distancing, and the use of personal protective equipment such as masks and/or gloves. However, the CCD Program and Holy Family Parish cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the CCD Program may or may not increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I could possibly be exposed to or infected by COVID-19, by participating in the CCD Program, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the CCD Program and/or Holy Family Parish may result from the actions, omissions, or negligence of myself and others, including but not limited to, employees and volunteers of the CCD Program, or participating parishes, in addition to other program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself, including but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at CCD Program. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge and hold harmless Bishop Robert Brennan, the Diocese of Columbus, the CCD Program, all participating Catholic diocesan parishes, schools and their employees, volunteers, agents, and representatives of and from any and all claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of any of the foregoing persons or entities, its employees, volunteers, agents, and representatives, whether a COVID-19 infection occurs before, during or after participation in any CCD Program or activity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name Printed

\_\_\_\_\_  
Child(ren) Name(s)