

Blessed Sacrament CCD 2020-2021

For office use only:

Date Paid _____

Check # _____ Cash _____

Amount Pd. _____

Please choose: _____ In Person Class _____ Home Study _____

The fee is \$30, \$50 max/family. If there is a problem or you are unable to pay the fee, please contact the parish office or the DRE.

NO CHILD WILL BE KEPT FROM CCD BECAUSE OF AN INABILITY TO PAY:

Student's Name _____
(Last) (First) (MI)

Grade Entering _____ Birthdate _____ Male _____ Female _____

Address _____
(Street) (City, State) (Zip)

Home Phone _____ Parent E-mail _____

Cell Phone (Mom) _____ (Dad) _____ (*indicate ph. # for onecall
phone messaging system)

Parent can receive texts? _____ Y _____ N (Choose only one)

Student lives with: (parents/ grandparents or Guardians, please indicate)

Father _____ Religion _____

Mother _____ Religion _____

Other Guardian: (If child does not live with both biological/adoptive parents)

Name _____ Phone _____

Address _____
(Street) (City, State) (Zip)

Parish where your family is registered? _____

School System: _____
(System) (Building)

Sacraments Celebrated: (Please indicate yes or no, church, AND city, state for **each** sacrament)

Baptism _____
(yes/no) (Church) (City, State)

Reconciliation _____

Eucharist _____

Confirmation _____

Must fill out Medical/emergency form on back OVER→

Today's Date _____

Name of Student _____

Emergency Contact _____ Phone _____ Cell _____
(Name) (If parents are unavailable)

Part 1: To Grant Consent

I hereby give consent for the following medical care provider's and local hospital to be called:

Physician _____ Phone _____

Dentist _____ Phone _____

Preferred Hospital (circle one) Trumbull, 330-841-9011, Akron Children's Urgent Care, 330 856-9699
St. Joe's 330-841-4000 Other _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any reasonably accessible hospital.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a doctor should be alerted:

ALLERGIES / MEDICAL CONDITIONS/ EDUCATIONAL SITUATIONS:

My child has an aide at school Yes No Please elaborate _____

Signature of Parent / Guardian _____

Relationship to student _____

Part 2: Refusal To Consent

I do **NOT** give my consent for the emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Church authorities to take the following action:

Signature of Parent / Guardian _____

Relationship to Student _____