Holy Name of Jesus
Children's Catechesis Registration
2021-2022

- CCD Classes will begin Sunday September 12th for Kindergarten-5th grade **from 11:15am-Noon**
- AND 6-8th grades on Wednesday September 8th **from 4-5:30pm**
- Classes will take place in the Family Life Center
- Please turn in this form to the office by August 31st to register your child for the year
- A suggested donation of $10 is appreciated to help with costs of CCD supplies
- Please contact Debbie Drake or the office with any questions at office@hnjcatholic.com

Child's Name: _____
(First) (Last)

Gender: Male / Female Has your child been enrolled at HNJ CCD in previous years? Y / N

Grade:_____ Name of School:_____ DOB:_____

Baptized? Y / N Date:_____Church:_____ City/State_____

First Communion? Y / N Date:_____Church:_____ City/State_____

Confirmation? Y / N Date:_____Church:_____ City/State_____

Please list any chronic health conditions, allergies, or other health issues:

_____

_____

Please list any educational or behavioral needs:

_____

_____

Parent/Guardian Agreement (please read carefully and sign):

I understand that I, as a parent or guardian, am the first and foremost Catechist for my child(ren). CCD is not a supplement for my responsibility to teach my child(ren) about the Truth, but a help for their education in the Catholic Faith. I will do my best to encourage and educate my child(ren) to be holy young men and women. I understand that it is my responsibility as a parent/guardian to make sure my child is capable of basic classroom etiquette and I understand that disciplinary issues could, in extreme cases, lead to the dismissal of my child from the program. I have looked over the CCD class schedule for the 2021-2022 year and will make sure my child(ren) will attend class each Sunday except in the event of illness or emergency.

Signature:_____ Printed Name:_____

Relationship to child: _____

Family Information:

Child lives with: both parents / mother / father / guardian

Mother's Name: _____

Mother's Mailing Address: _____
(City) (State) (Zip Code)

Email Address:_____

Home Phone:_____ Cell Phone:_____

Registered in the parish? Y / N Are you Catholic? Y / N

Father's Name: _____

Father's Mailing Address: (if different) _____
(City) (State) (Zip Code)

Email Address:_____

Home Phone:_____ Cell Phone:_____

Registered in the parish? Y / N Are you Catholic? Y / N

Guardian's Name: _____

Guardian's Mailing Address:_____
(City) (State) (Zip Code)

Email Address:_____

Home Phone:_____ Cell Phone:_____

Registered in the parish? Y / N Are you Catholic? Y / N

Emergency Contact:

Emergency Contact Name:_____Relation to Child:_____

Primary phone: _____ (circle one) Home Cell

Secondary phone: _____ (circle one) Home Cell

As a parent and/or guardian, I authorize the treatment of my child by a qualified and licensed medical doctor in the event of a medical emergency. This authority is granted only after reasonable effort has been made to reach me and the emergency contact listed here.

Signature:_____ Date:_____