Holy Name of Jesus
Children's Catechesis Registration
2026 to 2027

* CCD classes resume on August 9, 2026, after 10 am mass with a Welcome Back Family Craft
* CCD classes are held for children from Kindergarten to 8th grade
* CCD classes last from 11:00 am to 12:15 pm
* A $25 donation per family helps offset costs
* For questions, please contact the office (251-649-4794) or Mary Hamner (251-331-3478)

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

Gender: Boy or Girl Has your child been enrolled at HNJ in previous years? Yes or No

Grade: _____ Name of School: _____ Date of Birth _____

Baptized: Yes or No Date: _____ Church: _____ City, State: _____

First Communion: Yes or No Date: _____ Church: _____ City, State: _____

Confirmation: Yes or No Date: _____ Church: _____ City, State: _____

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

_____

_____

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 that 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 2026 to 2027 school year and will make sure that my child(ren) will attend class each Sunday except in the event of illness or extreme emergency.

Signature: _____

Printed Name: _____

Relationship to Child: _____ CAPPS Certified: Yes or No

Family Information (Please Print):

Child lives with: Both Parents / Mother / Father / Guardian

Parent(s)/ Guardian(s) Name(s): _____

Mailing Address: _____

_____

Email Address: _____

Contact Phone(s): _____
(To be included in GroupMe)

Registered in the Parish: Yes or No Are you a practicing Catholic: Yes or No

Siblings that also attend CCD: _____

Emergency Contact Information:
Emergency Contact Name: _____

Phone: _____ Relationship to child: _____

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:** _____

Time and Talent Information:

God has given me the following talents that I am eager to share with my Holy Name of Jesus Parish family:

I am excited to share the following ideas to help make this year even more exciting program:

I can volunteer to: