Sts. Leo and Martin CCD Registration

CGS Level 1 through junior high classes take place on Wednesdays from 6:30pm to 7:45pm in St. Leo's Church Hall
High School classes are welcome to meet in the rectory basement at 6:30pm and classes last from 6:45 to 7:45pm

Father's Name: _____ Father's Cell #: _____ Email: _____ (Required)

Mother's Name: _____ Mother's Cell #: _____ Email: _____(Required)

Address: _____ Home Phone #:_____

Parish: Sts. Leo & Martin_____ Other: _____

Children being registered (please print neatly):

Name	Age	Grade	School	Baptism Date/place*	Communion*	Confirmation*
1.						
2.						
3.						
4.						
5.						
6.						
7.						

*If child has not yet received the sacrament, please leave blank

+All Students receiving Sacraments this year will need to provide sacramental records. Please contact the parish they were baptized in to send a copy of their sacramental records to the Parish Office.

Parishioner Tuition = $50.00/Student (35.00 CCD Class + 15.00 Diocesan Religious Education Office Fee) *
Family Maximum of $150 for all registered parishioners
Non-parishioner tuition = $100/Student
Checks can be made payable to: **Sts. Leo & Martin Catholic Church**
***If you need financial assistance, please contact Fr. Johnson. No parishioner will be denied religious education due to financial reasons.**

CCD Textbook Policy: I understand that my student may be using books during the CCD year. The textbook remains the property of Sts. Leo and Martin CCD Program and is to be returned for use next year. If a workbook is used, the workbook will become the student's property and will be utilized during the year. I understand that the textbook must be returned in good condition, or I will be responsible for the replacement cost.

Parent/ Guardian Signature: _____ Dated: _____

Office Use Only: Paid by: Check # _____ or Cash _____

Please help us to better serve your child by marking the services he/she receives at school or writing your home school observations.

Child's name**:**_____

___ IEP __ academic __ behavior __speech

___ Other Explain _____

___ Home School observations _____

_____

____ None

Sts Leo and Martin CCD Program – Emergency Form (Required annually by the diocese) Date: _____

Emergency Contact #1 Name _____ Phone: _____ Relationship:_____

Emergency Contact #1 Name _____ Phone: _____ Relationship:_____

Primary Care Physician: _____ Phone: _____

Address: _____

Please list your child's name & indicate any kind of health problems (diabetes, hearing/vison problems, allergies, etc.)

_____

_____

_____

_____

_____

In case of an accident or serious illness, I request that the school contact me. If the school is unable to reach me, I authorize the school to call the physician indicated and to follow his instructions. If it is impossible to contact the physician, the CCD Program may take whatever action is deemed necessary.

Parent Signature: _____ Student's Last Name: _____

Volunteers are needed!

I can: Teach grade:____ Aide grade: __ Substitute: _____ *All volunteers must complete the on-line course *Safe Environment*.

See next page…

PARENT/GUARDIAN MEDIA CONSENT
AND RELEASE FOR PARISHES

I, the undersigned Parent/Legal Guardian, hereby give my consent for **Sts. Leo and Martin**, the Catholic Diocese of Lincoln, any Religious Order within the Catholic Diocese of Lincoln, and any Third-Party Media Outlet approved by the Pastor of the Parish, to record, film, photograph, audiotape, or videotape my below Child(ren)'s name, image, likeness, spoken words, student work, performance or movement, in any form at the parish or a parish-related activity or event (hereinafter collectively referred to as "Parish Works"), and to display, publish, post, reproduce, disseminate, or exhibit these Parish Works or any part thereof in connection with any promotional material, website, social media posting, radio broadcast, television broadcast, or any other media form or format. The Parish, Catholic Diocese of Lincoln, Religious Orders within the Catholic Diocese of Lincoln, and Third-Party Media Outlets approved by the Pastor of the Parish shall be collectively referred to as the "Approved Parties".

I hereby release the Approved Parties, including their respective officers, directors, employees and agents from any and all liability, loss, damage, costs, claims and/or causes of action arising out of or related to the creation, publication, posting, reproduction, dissemination, or distribution of the Parish Works.

I have read this Media Consent and Release and understand its terms. I am a parent or legal guardian of the below listed Child(ren) and have the authority to execute this Consent and Release on behalf of myself and my Child(ren).

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date _____:

CHILD'S NAME	**CHILD'S GRADE**

OR

I, the undersigned Parent/Guardian, **DO NOT CONSENT** to the above Media Consent and Release.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____ (Revised January 2023)