

**Immaculate Conception Parish**

**CCD Registration Form**

231 E. Center Street, Bellevue, Ohio 44811

**PLEASE PRINT LEGIBLY**

**Father's Name** (*first*) \_\_\_\_\_ (*last*) \_\_\_\_\_

Phone# \_\_\_\_\_ Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

**Mother's Name** (*first*) \_\_\_\_\_ (*maiden*) \_\_\_\_\_ (*last*) \_\_\_\_\_

Phone# \_\_\_\_\_ Email Address \_\_\_\_\_

Home Address (if different from above) \_\_\_\_\_

Parish of Registration (if other than Immaculate Conception) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**CHILD** (*first*) \_\_\_\_\_ (*middle*) \_\_\_\_\_ (*last*) \_\_\_\_\_

Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Parish of Baptism: \_\_\_\_\_ Date: \_\_\_\_\_

Parish of First Communion: \_\_\_\_\_ Date: \_\_\_\_\_

Name of School: \_\_\_\_\_ GRADE: \_\_\_\_\_

**CHILD** (*first*) \_\_\_\_\_ (*middle*) \_\_\_\_\_ (*last*) \_\_\_\_\_

Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Parish of Baptism: \_\_\_\_\_ Date: \_\_\_\_\_

Parish of First Communion: \_\_\_\_\_ Date: \_\_\_\_\_

Name of School: \_\_\_\_\_ GRADE: \_\_\_\_\_

**CHILD** (*first*) \_\_\_\_\_ (*middle*) \_\_\_\_\_ (*last*) \_\_\_\_\_

Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Parish of Baptism: \_\_\_\_\_ Date: \_\_\_\_\_

Parish of First Communion: \_\_\_\_\_ Date: \_\_\_\_\_

Name of School: \_\_\_\_\_ GRADE: \_\_\_\_\_

• **Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**OFFICE USE ONLY** Total Due: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Check Number: \_\_\_\_\_ Cash: \_\_\_\_\_

**Immaculate Conception Parish  
CCD Emergency Form**

**Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Choice of Hospital:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Statement of Parents**

In case of accident or sickness, I or we hereby authorize the Immaculate Conception Church through their employees to administer "first aid" to our children when they deem such first aid is needed.

In case of serious accident or sickness, I or we hereby authorize the Immaculate Conception Church through their employees to use their own judgment in sending our child to a hospital or to call a doctor listed above. Also, if neither of the above mentioned doctors is available at once the church is authorized to secure a doctor who can come even before we as parents are reached.

- **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent or guardian)

**Child's Name:** \_\_\_\_\_

Allergies: \_\_\_\_\_

Chronic health problems: \_\_\_\_\_

Current medications: \_\_\_\_\_

Additional information/instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Allergies: \_\_\_\_\_

Chronic health problems: \_\_\_\_\_

Current medications: \_\_\_\_\_

Additional information/instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Allergies: \_\_\_\_\_

Chronic health problems: \_\_\_\_\_

Current medications: \_\_\_\_\_

Additional information/instructions: \_\_\_\_\_

\_\_\_\_\_  
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