

IMMACULATE CONCEPTION PARISH CCD

Rejoice in hope, endure in affliction, persevere in prayer. Romans 12:12

July 30, 2020

Dear Parents/Guardians,

The past few months have been full of uncertainty and we continue to face many challenges in these unprecedented times. As these beautiful summer days are quickly coming to an end, plans are under way for the opening of CCD classes.

The health and safety of your children is our top priority. I have met with Father Gase, Mrs. Joy Tokarsky, (the school principal), and Mrs. Jean Schafer to discuss protocol to safely return to CCD classes. Classrooms in the school meet safety guidelines and physical distancing measures are in effect. Extensive cleaning and sanitation will be done at the end of each school day to ensure a safe learning environment for your children.

Enclosed is the CCD registration and emergency medical form, plus the 2020-2021 CCD Class Calendar. The fee for the year is \$100 for the first child and \$50 for each additional child. **Checks should be made payable to Immaculate Conception Church and enclosed** with the registration/medical form. No child will be denied a religious education, therefore if families have circumstances that affect their ability to pay, please contact Fr. Gase at 419-483-3417. This fee covers a variety of expenses including textbooks, bibles and supplies.

- **Please return the registration/medical form and payment by Monday August 24, 2020.**
- It is important that the forms are returned by August 24, as for everyone's safety, we are unable to register students on the first evening of classes.
- **Please make sure both sides of the registration form are completed with up to date information.**
- Forms and payment may be mailed to Immaculate Conception Church, 231 East Center St.; returned to the parish office; or placed in the collection basket at Mass in an envelope clearly marked CCD.
- **CCD will begin Wednesday September 16, 2020.** Weekly classes start at 6:30pm and end at 7:45pm.
- Please understand information on COVID 19 Health and Safety Guidelines continue to evolve daily. Through email, I will update you on any changes regarding the return to CCD classes. Information, for opening night on September 16, will also be emailed to you. Please make sure your current email address is listed on the Registration Form and check for updated emails weekly.

Any questions or concerns, please call the parish office at 419-483-3417, leave a message and I will return your call as soon as possible. You may also email me.

I feel very blessed having the opportunity to support your efforts to pass on the Catholic Faith to your child. May God bless us and keep us safe as we travel together over the next few months on this journey of faith.

Mrs. Grace Middleswarth

Mrs. Grace Middleswarth
Immaculate Conception Religious Education Director
gmiddleswarth@icbell.org

CCD Class Calendar 2020/2021

September:

- 16 **First CCD Class (Details will be emailed to you when plans are finalized.)**
- 23 Class
- 30 Class @ 6:30 / Mass @ 7:00pm (Please join us to celebrate the beginning of a new year!)

October:

- 07 Class
- 14 Class in the CHURCH this evening. Upon arrival, students will go directly to the church. Living Rosary in Church begins @ 6:45pm
- 21 Class
- 28 Class

November:

- 04 Class @ 6:30 / All Souls Prayer Service begins @ 6:45pm in church.
- 11 Class
- 18 Class
- 25 **(No CCD - Thanksgiving Break, Happy Thanksgiving!)**

December:

- 02 Class
- 09 Class
- 16 Class
- 23 **(No CCD - Christmas Break, Merry Christmas!)**
- 30 **(No CCD - Christmas Break, Happy New Year!)**

January:

- 06 Class
- 13 Class
- 20 Class
- 27 Class

February:

- 03 Class
- 10 Class
- 17 Class @ 6:30 / Ash Wednesday Mass @ 7:00pm
- 24 Class

March:

- 03 Class
- 10 Class
- 17 Class
- 24 Class
- 31 **(No CCD - Spring Break)**

- **Sunday March 14, 2021:**
Confirmation Mass, 10:30am @ Immaculate Conception Church, Bellevue OH

April:

- 07 Class
- 14 Class
- 21 Class
- 28 Class

May:

- 05 Class (**Last day for CCD classes for grades 1 through 8**)

- **Sunday May 02, 2021:**
First Communion Mass @ 10:30am

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:** _____

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: _____

