

2022-2023 CCD Registration Form (updated 4/15/22)

Immaculate Conception Parish

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) _____

Name of emergency contact _____ Phone _____

CHILD (first) _____ (middle) _____ (last) _____

Sex: _____ Birth Date: _____ Place of Birth: _____

Parish & city of Baptism: _____ Date: _____

Parish of First Communion: _____ Date: _____

Name of School: _____ GRADE: _____

Does this child have any special learning needs? If so, briefly explain. _____

CHILD (first) _____ (middle) _____ (last) _____

Sex: _____ Birth Date: _____ Place of Birth: _____

Parish of Baptism: _____ Date: _____

Parish of First Communion: _____ Date: _____

Name of School: _____ GRADE: _____

Does this child have any special learning needs? If so, briefly explain. _____

CHILD (first) _____ (middle) _____ (last) _____

Sex: _____ Birth Date: _____ Place of Birth: _____

Parish of Baptism: _____ Date: _____

Parish of First Communion: _____ Date: _____

Name of School: _____ GRADE: _____

Does this child have any special learning needs? If so, briefly explain. _____

Parent or Guardian Signature: _____ Date: _____

OFFICE USE ONLY Total Due: _____

Amount Paid: _____ Date: _____ Check Number: _____ Cash: _____

**Immaculate Conception Parish
CCD Emergency Medical Form**

Physician: _____ **Phone:** _____

Choice of Hospital: _____ **Phone:** _____

Statement of Parents

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

In case of serious accident or illness, I/we hereby authorize employees or volunteers of Immaculate Conception Church to use their own judgment to contact the above physician. If the physician above is not available at once, or if the circumstances warrant it, the church is authorized to secure an emergency responder to 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: _____

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