

# ST. JOHN THE BAPTIST ROMAN CATHOLIC CHURCH 2023-2024 RELIGIOUS EDUCATION (CCD) REGISTRATION FORM

**PLEASE PRINT CLEARLY**

**DATE** \_\_\_\_\_

**Family Email Address:** \_\_\_\_\_

Father's Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Mother's Name: First: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town/City/Zip: \_\_\_\_\_

Mother Cell Phone: \_\_\_\_\_ Father Cell Phone: \_\_\_\_\_

Stepparent Full Name (if applicable) \_\_\_\_\_ Cell phone \_\_\_\_\_

**IMPORTANT:** Parents registering for the SUMMER PROGRAMS MUST HAVE AN ADDITIONAL OPTION; HOME PROGRAM OR WEEKLY PROGRAM.

EXAMPLE 1<sup>ST</sup> Summer - 1SC    2<sup>nd</sup> Summer - 1SD    3<sup>rd</sup> - 3HS

**\*\*We can only accommodate Summer, Weekly and Home Program grades 1 to 6 classes if there are volunteers to be catechists.**

**1SC Summer (Gr. 1 through 8)** classes begin 8:30am to 12:00pm on June 26, 27, 28, 29, and 30. Plus 7 to 8 return classes once a month on Sunday September through April from 8:45am to 9:45am followed by attending 10:00am Mass.

**NEW - 1SD Summer (Gr. 1 through 8)** classes begin 8:30am to 12:00pm on August 7, 8, 9, 10 and 11. Plus 7 to 8 return classes once a month on Sunday September through April from 8:45am to 9:45am followed by attending 10:00am Mass.

**2A Sunday Weekly Program** (Grades 1-6) beginning in mid-September through April. Classes begin at 8:45am to 9:45am followed by attending 10:00am Mass.

**NEW - 2B Tuesday Weekly Program** (Grades 1-6) beginning in mid-September through April. Classes begin at 4:15pm to 5:15pm.

**3HS – Faith @ Home Program** (Grades 1 through 6 begin in with a parent meeting in September. Monthly gatherings are in the parish center beginning October through April 2024 on a weekday evening 7:00pm to 8:00pm

**3JHS – Jr. High Home Program** (Gr. 7 and 8) – gather once a month on weekday evening 7:00pm to 8:00pm from October through April 2024.

<i>First &amp; Last Name of each child/children registering:</i>	<i>Birth Date</i>	<b>YOUR CHOICE OF PROGRAMS</b>					
		<i>Gender</i>	<i>1st Choice</i>	<i>2<sup>nd</sup> Choice</i>	<i>3<sup>rd</sup> Choice</i>	<i>September 2023 Grade</i>	<i>School</i>
1.							
2.							
3.							
4.							
5.							

**Registration continues on the next two pages**

**ST. JOHN THE BAPTIST ROMAN CATHOLIC CHURCH  
2023- 2024 RELIGIOUS EDUCATION (CCD) REGISTRATION FORM**

**Summer, Sunday & Tuesday Weekly Program Volunteer Options**

Please mark the program you want to volunteer and then which option

<u><b>Summer Program</b></u>	<u><b>Weekly Program</b></u>
___ June ___ August	___ Tues. ___ Sunday
Catechist – Grade(s) _____	
Co-Catechist - Grade(s) _____ Co-Catechist with _____	
Classroom Aide – Grade(s) _____ Aide with _____	
Hallway Monitor _____ Nurse _____ Office Assistant _____	
Date(s) Available _____	
Have you attended Protecting God’s Children? ___ Yes ___ No	If yes, what year _____

**Family Home Program Grades 1 to 6 Volunteer Options**

Please mark the program you want to volunteer and then which option

Catechist – Grade(s) _____
Classroom Aide – Grade(s) _____ Aide with _____
Have you attended Protecting God’s Children? ___ Yes ___ No
If yes, what year _____

**Catechist & Co-Catechist Registration Fees**

**Catechists/Co-Catechists volunteering for the entire year for Summer CCD or Sunday/Tuesday Weekly programs:** Catechist - \$75 per child

Co-Catechist: \$115 for 1 child \$165 for 2 children \$230 for three children or more

**Catechist volunteering for Family Home Program reduced fee contact Kathy Breitenbach**

**Regular registration fees**

One Child - \$230 Two Children - \$380 Three children or more - \$480

**SUMMER REGISTRATION MUST BE MAILED. Cannot be postmarked before APRIL 7 and no later than April 21. Checks for Summer Registration and payments must be mailed no later than Tuesday, April 18. YOU MUST MAIL THE FORMS FOR SUMMER REGISTRATION.**

**All other registration forms and payments are due by May 15. Any registrations received any May 18 will be charged a late fee of \$50. Checks are made payable to St. John the Baptist Church re: CCD Registration. Mail to One Valley St. Hillsdale, NJ 07642 Attn: Registrar**

*Registration continues on the next page*

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**Office Use Only**

Date form received \_\_\_\_\_ New Student \_\_\_\_\_ Baptismal Certificate \_\_\_\_\_

Catechist \_\_\_\_\_ Paid in full \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_

Payment Plan \$ \_\_\_\_\_ per month Monthly Payments Received: \_\_\_\_\_

**ST. JOHN THE BAPTIST ROMAN CATHOLIC CHURCH  
2023-2024 RELIGIOUS EDUCATION (CCD) MEDICAL / ER FORM**

Please complete the following information below for each child you are registering. This is to insure a safe and productive learning environment:

<b>First and Last Name:</b>	<b>Allergies</b>	<b>Medical Condition</b>	<b>Medicine(s)</b>
1.			
2.			
3.			
4.			
5.			

1. Do any of your children have a medical condition and/or severe allergy that we should know about? **YES/NO**  
If "yes", list condition/allergy on the above form. Does this require an EpiPen? **YES/NO**

2. Please let us know if your child has been diagnosed with any of the following:  
 ADD                  ADHD                  ASD                  Emotional Disorder                  Seizure  
 Heart Problems                  Asthma                  Diabetes                  Anxiety                  Dyslexia

If so, which Child? Name \_\_\_\_\_

Does your child require any of the following services: (Check all appropriate)

Vision Services                  Hearing Services                  Learning Disabilities  
 Other (list type) \_\_\_\_\_

If so, which Child? Name \_\_\_\_\_

3. Are there any special family situations of which we need to be aware? **YES / NO** If yes, please explain.

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**Emergency Contact information**

In case parent(s) are not reachable, please contact

Full Name & Phone Number: \_\_\_\_\_

Full Name & Phone Number: \_\_\_\_\_

**Medical contact information:**

Family Dentist (Full Name & Phone Number) \_\_\_\_\_

Child's Physician (Full Name & Phone Number) \_\_\_\_\_

Preferred Hospital to take child in case of emergency: \_\_\_\_\_

*In case of an accident or serious illness, I request the parish to contact me. If the parish is unable to reach me, I hereby authorize the parish to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician the parish may make whatever arrangements they deem necessary.*

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

