Gesu/St. Pius X Parish CCD Registration

Grades 1-8

2023-2024

First class day of CCD is Sunday, September 17, 2023.

Classes will be held at Gesu School on Sundays from 9:00 a.m. to 9:55 a.m.

Registration Fee: *$70* for *each* child (this covers books, activity materials, etc.)

Please return this form with registration fee c/o Lisa Baumann to the Parish Office or via the weekly collection by 9/10/23 Lisa Baumann: 419-535-7672 ext. 224 or e-mail: LBAUMANN@STPIUSXTOLEDO.ORG

Family Name *(last name)*:____

Father's First Name: ________________________________

Religion________________

Mother's Name (*first name & maiden name*): ____________________________________

Religion _______________

Mailing Address:

____

Home phone: _______________________ Parent cell phone: ___________________

Emergency contact— Name:

____

Phone: _______________________

e-mail address:

____

(Please include a family e-mail address for ease of contact and the switch to e-mail format for PSR weekly newsletters)

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Child's Name: ______________________________________Birth Date: _____________

Grade: _____________School:

____

Sacrament & Date—Baptism: _______________ First Communion: _______________

Special needs (if applicable): ____

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Child's Name: ______________________________________Birth Date: _____________

Grade: _____________School:

____

Sacrament & Date—Baptism: _______________ First Communion: _______________

Special needs (if applicable): ____

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Child's Name: _______________________________________Birth Date: ______________
Grade: _____________School:
____
Sacrament & Date—Baptism: _______________ First Communion: _______________
Special needs (if applicable): ____

St. Pius X/Gesu CCD

Emergency Medical Authorization Form

2023-2024

Student Name
____

Mailing Address
____

Home phone __________________________ Cell phone
____

E-mail
____
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Purpose—to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Residential Parent or Guardian:

Mother's Name ____ phone
____

mother's e-mail ____

Father's Name ____ phone
____

father's e-mail ____

Alternate Contact Name (in case of emergency and unable to contact parents or guardian):

Name of Relative or Childcare provider
____

Relationship to child ____ phone
____

Address
____
_

e-mail ____

(*Please complete reverse side*)

Part I *or* Part II ***MUST*** be completed

Part I: To Grant Consent

I hereby give consent for the following medical care providers and local hospitals to be called:

Physician ____ phone ____________________

Dentist ____ phone ____________________

Preferred hospital ____

Hospital Emergency Room Phone ___________________________________

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist: and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians, or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken and any physical impairment(s) to which a physician should be alerted:

____

____

Signature of Parent/Guardian _______________________________________ Date _____________

Part II: Refusal to Consent

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

____

____

____

Signature of Parent/Guardian ____

Date ________________________________