

# 2023-2024 CCD REGISTRATION FORM ~ St. Matthias Parish, Greene County

**For NEW students registering for any CCD programs for Grade 1 through Grade 8**  
Select one CCD Program: ☐ St. Ann, Waynesburg; ☐ St. Hugh, Carmichaels; ☐ St. Ignatius, Bobtown

Forms can also be completed online at <https://stmatthiasgreene.org/ccd-registration>.

Please refer to our parish bulletin or visit our website for CCD program start dates / calendars and policies.

~ For parents who wish to homeschool CCD, please contact Rachael Pratt at [rpratt@stmatthiasgreene.org](mailto:rpratt@stmatthiasgreene.org)

**The information below is confidential and needed for parish records. Please use LEGAL names & PRINT CLEARLY!**

**CHILD'S NAME** \_\_\_\_\_  
First Middle Last

Circle one: Male Female Birth Date \_\_\_\_\_ Grade entering \_\_\_\_\_ School attending \_\_\_\_\_

## Medical Conditions / Food Allergies

**IMPORTANT:** There is NO nurse or medical personnel onsite during CCD. Please note if child carries an EPI-pen or other medications. Complete the following forms: "[Parent Request for Administration of Medication](#)" and "[Physician's Instructions](#)" and return with this form.

If child has a special diet & there is a special event / holiday celebration, please pack his / her own snack. Thank you.

Baptized at \_\_\_\_\_ Date \_\_\_\_\_ & 1<sup>st</sup> Communion received at \_\_\_\_\_ Date \_\_\_\_\_

~ A copy of your child's Baptismal Certificate is required if NOT received at a Parish / Catholic Church in Greene County.

**Parent's Information** ~ If you are NOT the child's biological parent, please note your relationship (i.e. grandparent). If you have a custody arrangement / court order that will affect your child / children's Religious Education, please provide a copy with this form.

**Father's NAME** \_\_\_\_\_  
First Middle Last

**Mother's NAME** \_\_\_\_\_  
First Middle Last Maiden

Marital Status (please circle all that apply) - Married - Separated - Divorced - Widowed - Single / never married - Father / Mother Remarried

**Father's Religion** \_\_\_\_\_ **Mother's Religion** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street City State / Zip

**Phone Numbers** (home) \_\_\_\_\_ (cell) \_\_\_\_\_

If two names are above, please note whose cell #.

**Email** \_\_\_\_\_

**Emergency Contact (if Parent CANNOT be Reached) Name:** \_\_\_\_\_

Relation to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

**Person Picking-Up Child (if NOT Parent) Name:** \_\_\_\_\_

Relation to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

**RELEASE:** "In consideration for providing my child the opportunity to attend and/or participate in a Parish activity, sport, or event and any related transportation to and from the same, both my child and I voluntarily agree to waive, and discharge any and all claims against the Parish, its Governing Bodies, the individual members thereof, the Diocese of Pittsburgh, the Most Reverend David A. Zubik, Trustee, and all successors, assigns, officers, agents, employees, volunteers, and representatives and release them from liability for any exposure to or illness or injury from an infectious disease including COVID-19, including claims for any negligent actions of the Parish or its employees or agents, to the fullest extent allowed by law, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, and our successors."

**PHOTO RELEASE:** ☐ YES ☐ NO, I give permission for my child / children to be photographed / video recorded and to use his / her name(s) in any printed or online publications by St. Matthias Parish and / or Pittsburgh Diocese.

**ONLINE RELEASE:** ☐ YES ☐ NO, I give permission for my child / children to participate in Online classes by St. Matthias Parish.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

There is no registration fee, however, donations are greatly appreciated. Please make checks payable to **St. Matthias CCD**. Thank you.

**Return completed form by mail to: St. Matthias Parish, Attn: CCD, 408 S Route 88, Carmichaels, PA 15320**