2026-2027 St. John XXIII Parish CCD

Catholic Diocese of Peoria Participant Registration Form

PLEASE PRINT (Full name = first, middle & last name)

Mother's Full Name: _____Maiden Name:_____

Father's Full Name: _____

Street Address: _____City & Zip_____

Mother's Phone: _____ Father's Phone: _____

Mother's Email: _____ Father's Email: _____

Child's Full Name: _____

Preferred Nickname:_____Date of Birth: _____

Grade in 26-27:_____Allergies/Medical Information: _____

Date & Place of Child's Baptism (mm/yy): _____

1st Reconciliation (mm/yy): _____

1st Communion (mm/yy): _____

Grades Completed in CCD: K◯ 1st◯ 2nd◯ 3rd◯ 4th◯ 5th◯ 6th◯ 7th◯

Child's Full Name: _____

Preferred Nickname:_____Date of Birth: _____

Grade in 26-27:_____Allergies/Medical Information: _____

Date & Place of Child's Baptism (mm/yy): _____

1st Reconciliation (mm/yy): _____

1st Communion (mm/yy): _____

Grades Completed in CCD: K◯ 1st◯ 2nd◯ 3rd◯ 4th◯ 5th◯ 6th◯ 7th◯

Child's Full Name: _____

Preferred Nickname:_____Date of Birth: _____

Grade in 26-27:_____Allergies/Medical Information: _____

Date & Place of Child's Baptism (mm/dd/yyyy): _____

1st Reconciliation (mm/dd/yyyy): _____

1st Communion (mm/dd/yyyy): _____

Grades Completed in CCD: K◯ 1st◯ 2nd◯ 3rd◯ 4th◯ 5th◯ 6th◯ 7th◯

I request that my child(ren) listed above be allowed to attend CCD located at St. Mary's of Kickapoo for the duration of the 2026-2027 school year. I hereby release and agree to indemnify and hold harmless the parish, its staff and their employees and agent, volunteers, and the Catholic Diocese of Peoria from any and all liability, for injuries, damages, medical expenses or any other loss to my child or family, including attorney fees, arising from claims of any kind or nature whatsoever from my child's participation in this program.

Parent Signature:_____ Date:_____

2026-2027 Fees: 1 student - $40.00 2 students - $ 70.00 3 students - $90.00

4 students - $110.00 5 students - $120.00 (5 + students - $15 additional each)

FOR OFFICE USE ONLY: Registration Date: _____ Total Registration Fee: _____

Total Paid: $_____ Cash $ _____ Check # _____

Medical Permission Form

I grant permission for the administration of First Aid to my child(ren) listed above by the people in charge of the CCD Program at St. John XXIII, to sign the necessary releases as may be required, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature for the duration of the 2026-2027 school year. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child for the duration of the 2026-2027 school year.

Parent Signature:_____ Date:_____

Insurance Information **(MUST BE FULLY COMPLETED)**

Policy Holder (in the name of):

_____

Insurance Company:

_____

Policy Number:

_____

Authorized Physician:_____ Phone #:_____

Authorized Hospital: _____

Videotaping and Still Photographs

Video, still photographs and audio recordings may be taken during CCD at for the duration of the 2026-2027 school year. This authorization form constitutes permission for my child(ren)'s participation in videotaping, still photographs, and/or audio recordings, which may be used for future promotional efforts, including the Catholic Diocese of Peoria publications and websites for the duration of the 2026-2027 school year.

Parent Signature:_____ Date:_____

2026-2027 St. John XXIII Parish CCD

Catholic Diocese of Peoria Participant Registration Form

Extra Spaces for Registrants (if needed):

Child's Full Name: _____

Preferred Nickname:_____Date of Birth: _____

Grade in 26-27:_____Allergies/Medical Information: _____

Date & Place of Child's Baptism (mm/yy): _____

1st Reconciliation (mm/yy): _____

1st Communion (mm/yy): _____

Grades Completed in CCD: K◯ 1st◯ 2nd◯ 3rd◯ 4th◯ 5th◯ 6th◯ 7th◯

Child's Full Name: _____

Preferred Nickname:_____Date of Birth: _____

Grade in 26-27:_____Allergies/Medical Information: _____

Date & Place of Child's Baptism (mm/yy): _____

1st Reconciliation (mm/yy): _____

1st Communion (mm/yy): _____

Grades Completed in CCD: K◯ 1st◯ 2nd◯ 3rd◯ 4th◯ 5th◯ 6th◯ 7th◯

Child's Full Name: _____

Preferred Nickname:_____Date of Birth: _____

Grade in 26-27:_____Allergies/Medical Information: _____

Date & Place of Child's Baptism (mm/dd/yyyy): _____

1st Reconciliation (mm/dd/yyyy): _____

1st Communion (mm/dd/yyyy): _____

Grades Completed in CCD: K◯ 1st◯ 2nd◯ 3rd◯ 4th◯ 5th◯ 6th◯ 7th◯