St. Anne and Holy Trinity CCD Registration

Father's Name: _____ Father's Cell #: _____ Email: _____

Mother's Name: _____ Mother's Cell #: _____ Email: _____

Mailing Address: _____ Home Phone #: _____

Home Address: _____

Parish: St. Anne Holy Trinity Other: _____

Children being registered (please print neatly): Please indicate which sacraments your student has received with an (X)

Name	Age	Grade	School	Baptismal parish	Baptism*	Communion*	Confirmation*
1.							
2.							
3.							
4.							
5.							

+All Students receiving Sacraments this year will need to provide sacramental records. Please contact the parish they were baptized and request a copy of their total sacramental record be sent to the Parish Office: St. Anne Catholic Church, P.O. Box 156 Campbell, NE 68932.

CCD Tuition = $15.00 Per Student – Diocesan Religious Education Office Fee*

Checks can be made payable to either St. Anne or Holy Trinity

***This tuition fee is to pay the assessed fee to the parish required for each student**

PARENT/GUARDIAN MEDIA CONSENT AND RELEASE FOR PARISHES

I, the undersigned Parent/Legal Guardian, hereby give my consent for St. Anne and Holy Trinity Catholic Churches, the Catholic Diocese of Lincoln, any Religious Order within the Catholic Diocese of Lincoln, and any Third-Party Media Outlet approved by the Pastor of the Parish, to record, film, photograph, audiotape, or videotape my above Child(ren)'s name, image, likeness, spoken words, student work, performance or movement, in any form at the parish or a parish-related activity or event (hereinafter collectively referred to as "Parish Works"), and to display, publish, post, reproduce, disseminate, or exhibit these Parish Works or any part thereof in connection with any promotional material, website, social media posting, radio broadcast, television broadcast, or any other media form or format. The Parish, Catholic Diocese of Lincoln, Religious Orders within the Catholic Diocese of Lincoln, and Third-Party Media Outlets approved by the Pastor of the Parish shall be collectively referred to as the "Approved Parties".

I hereby release the Approved Parties, including their respective officers, directors, employees and agents from any and all liability, loss, damage, costs, claims and/or causes of action arising out of or related to the creation, publication, posting, reproduction, dissemination, or distribution of the Parish Works.

I have read this Media Consent and Release and understand its terms. I am a parent or legal guardian of the below listed Child(ren) and have the authority to execute this Consent and Release on behalf of myself and my Child(ren).

Parent/Guardian's Name: _____ **Parent/Guardian's Signature**: _____

Date: _____

OR * Continued on back page…

I, the undersigned Parent/Guardian, **DO NOT CONSENT** to the above Media Consent and Release.
Parent/Guardian's Name: _____
Parent/Guardian's Signature: _____
Date: _____

St. Anne/Holy Trinity CCD Program – Emergency Form

(Required annually)

Emergency Contact #1 Name: _____ Phone: _____ Relationship: _____

Emergency Contact #2 Name: _____ Phone: _____ Relationship: _____

Please list your child's name & indicate any kind of health problems (diabetes, hearing/vision problems, allergies, etc.)

_____

_____

_____

_____

In case of accident or serious illness, I request that St. Anne/Holy Trinity parish personnel contact me or the above emergency contact(s) regarding health concerns/issues. If parish personnel are not able to reach me or my listed emergency contact(s) or if the situation is emergent, I authorize parish personnel to contact Emergency Services and have my child transported to the hospital if need be. St. Anne/Holy Trinity Parish personnel may take whatever action is deemed necessary and therefore I hereby release all parties, including their respective officers, directors, employees and agents from any and all liability, loss, costs, claims and/or causes of action arising out of or related to any actions taken.

Parent/Gaurdian Signature: _____ Student's Last Name: _____

Parent/Guardian Name: _____ Date: _____

Office Use Only: Donation received: Check # _____ or Cash _____

(Revised 7/30/2024)