

The Basilica of St. John the Baptist

627 McKinley Avenue NW
Canton, Ohio 44703

330-454-8044



St. Peter Roman Catholic Church

726 Cleveland Ave NW
Canton, Ohio 44702

330-453-8493



CCD Registration 2021-2022

Student Information

Student Name: Last: _____ First: _____ Middle: _____

Address: _____
(Street Address) (City/Zip Code)

Date of Birth: _____ Place of Birth: _____ Current Age: _____

Parish: _____

School: _____ City: _____ Grade: _____

Sacramental Information	Month	Day	Year	Church	City	State
Baptism						
First Reconciliation						
First Holy Communion						
Confirmation						

Parent/Guardian Information

Father's Name: Last: _____ First: _____ Religion: _____

Mother's Name: Last: _____ First: _____ Religion: _____

Mother's Maiden Name: _____

(or)

Legal Guardian's Name: Last: _____ First: _____ Religion: _____

Legal Guardian's Name: Last: _____ First: _____ Religion: _____

Primary Contact for Standard and Emergency Communications

(In the event that CCD is cancelled this person will be contacted.)

Name: Last: _____ First: _____

Relation to Student: _____ Email Address: _____

Phone: Home: _____ Cell: _____ Work: _____

Additional Emergency Contacts

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Permission to Pick-Up and Drop-Off

(The following persons have permission to pick-up and drop-off your child.)

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Photo/Visual Consent

- I give permission for my child to be photographed or videotaped at the Basilica of St. John the Baptist and St. Peter Catholic Church. I realize that the photo or video may be published in the parish bulletin, on the parish website, or in another publication deemed appropriate by the parish for informational or educational purposes regarding the parish's programs or curriculum.

(or)

- I have read the photo/visual consent and do NOT give permission for my child to the above request.

Permission to Publish on the Internet

- I give the Basilica of St. John the Baptist and St. Peter Catholic Church the right to use the following student material from my child for inclusion on the internet on the parish website and parish social media accounts, including Facebook, Instagram, and Twitter. I affirm that I have the legal right to issue such consent.

Check ALL that apply. (A blank space indicates the intent of the parent or guardian to NOT allow that information on the parish Website and social media accounts.

- First name only
- Individual student photograph
- Group photograph
- Photo of Student work

(or)

- I have read the above and do NOT give permission for my child to the above request.

Parent/Guardian Signature: _____ Date _____

(Signature affirms your answers to the above questions and confirms that all of the information above is correct.)

Permission for Direct Contact with Minors

Student Name: Last: _____ First: _____ Middle: _____

Minister Information:

- I give permission for Mollie Kulig (Director of Religious Education) and other cleared catechists and CCD volunteers of the Basilica of St. John the Baptist & St. Peter Catholic Church permission to communicate directly with my child from the following.
(Please check only those which you approve.)
 - Office Phone Number:** 330-453-8493 and 330-454-8044
 - Cellular Phone Number:** Online Texting App
 - Email Address:** mluginski@youngstowndiocese.org
 - Parish Administered Social Networking Site(s):** Facebook, Twitter, Instagram
 - Video Conferencing Sites such as Zoom**

Any and all digital networking and communication including, but not limited to, email, texting, Facebook, Twitter, other social networking sites, etc., with parish youth/school/organization will be ministry related, and NOT personal in nature, restricted to matters concerning classes, youth ministry events, parish events, school events, athletic/event schedules, or registration forms.
The person(s) being authorized to communicate with the minor child is in compliance with the Diocesan Child Protection Policy with this parish/school/organization. Please note that virtual meetings may be recorded for parish use. This form will be filed in a confidential folder for parish/school/organizational use only.

Parent/Guardian Information:

TO me via:

(Parent/guardian: please check only those which you approve. Can be in addition to, or instead of contact directly with your child.)

- Home phone _____
- Cell phone: Mother/Guardian: _____ Text messages? YES or NO
Father/Guardian: _____ Text messages? YES or NO
- Social networking site 1 (see above) User Name _____
- Social networking site 2 (see above) User Name _____
- Virtual meeting platforms (see above) User Name _____

Minor Information: Furthermore, *(Parent/guardian: please check only those which you approve.)*

- Same person(s) above **MAY** contact my child via:
 - Home Phone: _____
 - Cell Phone: _____ Text messages? YES or NO
 - Email: _____
 - Social networking site 1 (see above) User Name _____
 - Social networking site 2 (see above) User Name _____
 - Virtual meeting platforms (see above) User Name _____
- You **MAY NOT** contact my child directly.

Parent/Guardian Signature: _____ **Date** _____
(Signature affirms your answers to the above questions and confirms that all of the information above is correct.)

Emergency Medical Authorization

Student Name: Last: _____ First: _____ Middle: _____

Address: _____
(Street Address) *(City/Zip Code)*

Complete Either Part I or Part II Below

Part I: To Grant Consent

In the event reasonable attempts to contact a parent/guardian have been unsuccessful, *I hereby give my consent* for the administration of any treatment deemed necessary by the designated preferred physician or dentist, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and the transfer of the child to the preferred hospital or any hospital reasonably accessible.

Mother/Guardian: _____ Phone: _____

Father/Guardian: _____ Phone: _____

Other person to contact if parent cannot be reached: _____

Relationship: _____ Home Phone: _____ Cell Phone: _____

Preferred Physician: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

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 impairments to which we or a physician should be alerted:

Parent/Guardian Signature: _____ Date: _____

Part II: Refusal to Grant Consent *(do not complete if you have signed part I)*

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

Parent/Guardian Signature: _____ Date: _____