



# Immaculate Conception Parish CCD Office

4497 West 1<sup>st</sup> Ave, Hialeah FL 33012

Phone (305) 823-9563

icccd@aol.com

<input type="checkbox"/> Pre-Communion	<input type="checkbox"/> 2 <sup>nd</sup> year Communion
<input type="checkbox"/> Pre-Confirmation	<input type="checkbox"/> 2 <sup>nd</sup> year Confirmation

## CCD REGISTRATION

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt. \_\_\_\_\_ City: \_\_\_\_\_  
 State: FL Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender:  Girl  Boy  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 What is the best email(s) to send CCD notifications? \_\_\_\_\_

### SACRAMENT INFORMATION

Baptized?  NO  YES *If yes, date of Baptism:* \_\_\_\_\_  
 Baptismal Church Name: \_\_\_\_\_ City/State: \_\_\_\_\_  
 Communion?  NO  YES *If yes, Communion Church Name:* \_\_\_\_\_  
 Communion Certificate?  NO  YES *If yes, Communion Date:* \_\_\_\_\_  
 Comments: \_\_\_\_\_

CHILD LIVES WITH:  Both Parents  Father  Mother  Other Who? \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(Maiden Last Name and first name)  
 Emergency Contact Telephone No: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
 Other brother and/or sister in the CCD program:  NO  YES NAME: \_\_\_\_\_

### PLEASE PROVIDE THE NAMES OF TWO (2) ADULTS (OVER 18 YEARS OF AGE) ALLOWED TO PICK UP THE NAMED STUDENT

1. \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
 2. \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
 3. \_\_\_\_\_ Relationship to Student \_\_\_\_\_

### CHOOSE CLASS DAY

*(Office only use)* ↓

Wednesday: 4:30 pm – 6:00 pm (1st to 6th grade) *Communion only* Room #: \_\_\_\_\_  
 Wednesday: 6:30 pm - 8:30 pm (7th to 12th grade) *Confirmation* Room #: \_\_\_\_\_  
 Saturday: 10:00 am - 12:00 pm (1st to 6th grade) *Communion only* Room #: \_\_\_\_\_

REGISTRATION \$ 60.00 – 1 Child  
 FEE \$ 70.00 – 2 Children  
 \$ 80.00 - 3 Children

TOTAL: \_\_\_\_\_  
 PAID: \_\_\_\_\_ DATE: \_\_\_\_\_

**DO NOT CLICK TO PAY ONLINE UNLESS ALL THE FORMS ARE COMPLETED AND SAVED W/ CHLD'S NAME** - Pay online: <https://forms.gle/wmvi2ifiP3W6WSfy9>



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## MEDICAL INFORMATION

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Name of family doctor: \_\_\_\_\_

Telephone of family doctor: \_\_\_\_\_

Does the above student have any medical conditions?  No  Yes \*

If yes, if applicable, check the box(es) below and/or explain.

Allergies

Diabetes

Heart Problems

Asthma

Epilepsy

Autism

Other

Is the above student taking any medication(s)?  No  Yes \*

If yes, medicine(s) name(s) and what is it for? \_\_\_\_\_

In case of an emergency, whom should we contact?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\* In compliance with the State of Florida HIPPA law, the CCD staff will only share your child's medical information in a medical emergency with medical staff, i.e. Fire EMT's.



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## Virtus Program titled “*Protecting God’s Children*”

Dear Parents:

The Archdiocese of Miami has provided the Immaculate Conception Church the Virtus Program titled “Protecting God’s Children”. This program includes a lesson titled the “Touching Safety Program”. This teaches your child(ren) on how to become aware of their surroundings and what to do if they are found to be in a situation that they don’t feel comfortable in. It is the Church’s ongoing effort to help create and maintain a safe environment and protect all children from sexual abuse. Keep in mind that this can happen anywhere and with anyone, i.e. school, family, church party, etc.

The “Touching Safety Program” will be taught during the CCD Class year 2021 – 2022. You, as the parents and/or legal guardian(s), have/has the right to choose whether or not your child(ren) may participate in this lesson. At the bottom of this form, please mark YES to participate or NO may not participate, please sign and turn in to the CCD Office.

If you have questions about this program, please feel to contact the CCD Director, Nubia Stanley at 305-823-9563.

Our goal is for our family of the Immaculate Conception Church to be nourished in faith, have conscience and be safe in the outside world.

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### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

YES, it’s OK for my child to participate in the “Touching Safety Program”.

NO, my child MAY NOT participate in the “Touching Safety Program”.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Legal Guardian’s Name

\_\_\_\_\_  
Signature



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## RE: STUDENT

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Dear Parents:

The parent's meetings are to help you as an adult in your life of faith. As parents, you are the primary educators of your child(ren) and they are the example you set. The teaching of religion starts at home. The CCD program enhances what the child(ren) has learned at home.

Four (4) meetings per year are required for parents with child(ren) in pre-communion, communion, preconfirmation and confirmation. Parents meetings will be held in English and in Spanish. The meetings do not need to be attended consecutively. They may be spread out. *For example; first meeting attended in English on Oct. 7th, second on Nov. 4th, third on Dec. 16th and fourth in Spanish on Jan. 27th.*

Additionally, Sunday weekly mass attendance is required of all CCD students.

PARENTS MEETING SCHEDULE - To Be Announced

**By signing below, you agree to comply with the Parents meeting rule of attending four (4) meetings.**

\_\_\_\_\_

Parents signature

date