



Immaculate Conception Parish CCD Office

4497 West 1st Ave., Hialeah, FL 33012

Phone (305) 823-9563

icccd@aol.com

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

CCD REGISTRATION

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____
 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 THREE (3) 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 #: _____

DO NOT CLICK TO PAY ONLINE UNLESS ALL THE FORMS ARE COMPLETED AND SAVED W/ CHLD'S NAME

REGISTRATION \$ 70.00 – 1 Child
FEE \$ 80.00 – 2 Children
 \$ 90.00 - 3 Children

TOTAL: _____
 PAID: _____ DATE: _____

Pay online: <https://forms.gle/wmvi2ifiP3W6WSfY9>



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MEDICAL INFORMATION

STUDENT INFORMATION

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

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. 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.

STUDENT INFORMATION

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

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 Name: _____

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, pre-confirmation 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.

Print Parent/Legal Guardian's Name

Signature

Date