

ST. MOTHER TERESA SYRO-MALABAR CATHOLIC PARISH, OTTAWA

School of Religious Education

CCD REGISTRATION FORM: 2020-2021

Part 1: Student Information

1	FAMILY NAME			
2	STUDENT NAME	First:	Middle:	Last:
		Boy / Girl		
3	PREVIOUS STUDENT YES / NO	IF Yes, WHICH GRADE	SCHOOL GRADE	CURRENT CCD ADMISSION GRADE
4	ADDRESS			
5	DATE OF BIRTH			
6	PLACE OF BIRTH			

Part 2: Family Details/History

7	FATHER'S NAME			
8	MOTHER'S NAME			
9	TELEPHONE #	Home:	Cell:	
10	E-MAIL ADDRESS			
11	CHURCH ENVELOPE #			
12	DATE OF BAPTISM			
13	CHURCH OF BAPTISM			
14	NO. OF YEARS ATTENDED CCD			
15	DATE OF HOLY COMMUNION			
16	DATE OF CONFIRMATION			
17	PARENT'S NAME		SIGNATURE	

FOR OFFICE USE ONLY

No. of children from this family	Amount paid	Date of payment	Check / Cash	Check No.

Registration Fee: 1 Child-\$50.00, 2 Children- \$80.00, 3 or more Children- \$100.00

Part 3: Parent's/Guardian's Permission

Name of the student: _____

Address: _____

Age: _____ Gender: Male /Female Home Phone No: _____

E-mail Address: _____

OHIP Coverage No: _____

Emergency Contact Name & Telephone No: _____

Do you have any special medical conditions or food allergies? Yes / No

If yes, please list: _____

Parent's consent (if under 18 yrs. only):

I _____ hereby consent to my son/daughter _____ attending catechism classes organized by St. Mother Teresa Syro-Malabar Catholic Church, Ottawa on every Sundays. If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated and/or given medication in accordance with standard medical practice by licensed medical personnel. I relieve the Eparchy of Mississauga for the Syro-Malabar Catholics in Canada and all the Parishes, and all of the organizers of all responsibilities and any consequences that may arise as a result of this treatment. We will not hold responsible any of the entities mentioned above in the event of injury or any other loss of claim. Further, I agree to accept any and all financial responsibility as a result of securing medical treatment or any other expenses incurred or derived from my son's/daughter's attendance at this event. I do hereby agree that I will not hold the Eparchy of Mississauga for the Syro-Malabar Catholics in Canada and all the Parishes, its leadership, or the volunteers serving on its behalf, liable for any incidents which may occur during, on the way to, or on the way from the event. We agree that Eparchy of Mississauga for the Syro-Malabar Catholics in Canada and any of its Parishes will not be held liable if my child fails to cooperate with the regulations. We understand that any infraction of the rules may result in immediate dismissal from the program at our expense. We will not hold any of the above-mentioned entities liable for any missing personal items.

Parent's Signature: _____ Date: _____

Part 4: Photo Release Form for Minors (if under 18)

I hereby give St. Mother Teresa Syro-Malabar Catholic Church, Ottawa (henceforth known as “the church”) permission to publish in print, electronic, or video format the likeness or image of my child or audio recordings of my child. Images, video and audio recordings of my child taken or recorded during any activities by the church can be used in print, broadcasting and other forms of advertising; brochures, newsletters and other church publications; on the church website or social media, in audio-visual presentations; and in other activities to promote the church and inform the public about the church. These photos, video or other images or recordings may be used by the church without payment or fees, royalties or other remuneration. I release all claims against the church with respect to copyright ownership and publication including any claim for compensation related to use of the materials. I further understand and agree that this authorization remains in effect until it is withdrawn in writing. I understand that if I change my mind about this authorization, that I will submit another, new authorization form to the church. However, my new authorization will not have the effect of revoking this authorization, and the church will have no duty or obligation to make any changes or alterations to any material that may have been prepared based on this authorization. I represent that I have read this authorization, understand the contents and am able to grant the rights and waivers it contains. I understand that the terms of this authorization are contractual and not mere recitals. I am signing this document freely and voluntarily!

I hereby grant permission to St. Mother Teresa Syro-Malabar Catholic Church, Ottawa to use my child’s full name in conjunction with my child’s photographs and recordings on its website or in other official church websites, social media, printed publications, video recordings, and television or motion picture productions that will be produced, used, or distributed for legitimate purposes and without further consideration. I confirm that I am the parent or legal guardian of the minor child and have the authority to authorize to use his/her photographs and name.

Child’s Name: _____

Parent/Guardian’s Name: _____

Phone Number: _____

Parent’s/Guardian’s Signature: _____ Date _____