

SPC 2022-2023 CCD Registration Form

Last Name _____ First Name _____ Grade _____

Korean Name _____ Baptism Name _____

Special Needs or Restrictions: **YES NO**

Allergy Medication Dietary Physical or Physical Activities Other

PARENT/GUARDIAN INFORMATION:

Primary Father Mother Guardian

Name (first) _____ (last) _____ Korean Name _____

Baptism Name _____ Email _____

Home Phone (____)____-_____ Cell Phone (____)____-_____

Address _____

Alternate Father Mother Guardian

Name (first) _____ (last) _____ Korean Name _____

Baptism Name _____ Email _____

Home Phone (____)____-_____ Cell Phone (____)____-_____

Emergency Contact during Class or Student Mass

Name (first) _____ (last) _____ Father Mother Guardian

Home Phone (____)____-_____ Cell Phone (____)____-_____

Email Consent. I consent to the release of my primary email contact information to the following for the purpose of coordinating Parish activities: (Please circle and initial)

Teacher Assistant Teacher Room Parent PTO

Pickup restrictions. Are there any legal enforcements/restrictions in place? **YES NO**

If **YES**, please contact Sunday School Principal.

Parish Registration # _____

Has your child been baptized? YES NO

Name of Church _____

A copy of Baptismal Certificate is required to submit if your child has NOT been baptized at St. Paul Chung Hasang Catholic Church.

Has your child received 1st Communion? YES NO

Year _____ Name of Church _____

Will your child attend either 1st Communion or Confirmation class this year? YES NO

Note: Classes and material will be conducted in English – When feasible, additional material might be presented in Korean as well as discussion relating to Korean-Catholic history and culture.

N=None B=Basic I=Intermediate A=Advanced

English Language Skills

Reading _____
Writing _____
Speaking _____
Listening _____

Korean Language skills

Reading _____
Writing _____
Speaking _____
Listening _____

Required Forms:

- Appendix 1. Medical Information/Release Form
- Appendix 2. Participant Agreement, Release & Acknowledgement of Risk Form
- Appendix 3. Picture, Voice and Video Permission/Opt Out Form
- Appendix 4. Youth Safe Environment Opt Out Form

I understand St. Paul Chung CCD intends to have First Aid certified/trained individuals during school office hours. According to the Code of Virginia (§ 8.01-225) any person who in good faith, renders emergency care or assistance, without compensation, to any ill or injured person at the scene of an accident, fire, or any life-threatening emergency, or en route there from/to any hospital, medical clinic or doctor's office, shall not be liable for any civil damages for acts or omissions resulting from the rendering of such care or assistance is exempt from liability.

I understand that during the year I am requested to support the Parish CCD/CYO program through participation in volunteer activities coordinated by our Teachers, Room Patents, Parent Teacher Organization (PTO) and other CCD/CYO activities such as trips, Work Camps and Summer Camps.

I understand that it is requested that at least one adult family member attend a 3 hour VIRTUS training session during the school year. Both parents are encouraged to attend.

I understand that to volunteer for an opportunity that entails substantial contact with children such as a chaperon will require submission of an application to the Diocese through the Parish OPCYP liaison 30 days in advance of the event.

Information will periodically needed to be provided to parent/guardians and students. It is against Parish and Diocese policy for CCD/CYO personnel to contact students directly.

Please make Checks payable to St. Paul Chung Catholic Church. If you cannot afford the Registration Fee, please contact Sunday School Principal so that we may accommodate your child's needs.

Refund Policy: Withdrawal before 1st class 100%; 2nd class 80%; 3rd class 40%; 4th class 20%; after the start of 4th class 0%

Signature _____

Date: _____

Confidentiality Statement: This form will be destroyed NLT 1 January 2024. Access to this form and the information contained is restricted to St. Paul Chung clergy, office personnel, CCD teachers and staff for official use only. When not in use it will be stored in a locked cabinet.

FOR OFFICE USE ONLY

Registration Fee: \$100 / \$180 / \$200 Paid: \$ _____ Cash / Money

Order / Check# _____

Date Paid: _____