

# St. Charles Borromeo CCD Program 2025-2026

Office of Faith Formation, 4500 Ackerman Boulevard, Kettering, Ohio 45429

## Student Information - Please Print

Due August 1, 2025

Family Last Name: \_\_\_\_\_ Best Contact Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Contact Email: \_\_\_\_\_

Registered Member of St. Charles? ☐ Yes If not, what Parish Family are you registered? \_\_\_\_\_

Has your child attended a Faith Formation program other than St. Charles? ☐ No ☐ Yes If yes, your child attended at \_\_\_\_\_ from (year) \_\_\_\_\_ until \_\_\_\_\_

**\*\* If you are new to our program, please provide us with a copy of your baptismal certificate.**

Student(s) Name **	New to * Program	M/F	Birth Date	2025-26 Grade	School	✓ Sacraments Received			
						Bapt	Recon	Euch	Conf

## Parent Information

Mother's Name (with Maiden Name): \_\_\_\_\_ Religion: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone : \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone : \_\_\_\_\_ Work Phone: \_\_\_\_\_

**ARCHDIOCESE PERMISSION FORM:** Please complete the attached (2-sided) permission form. Be sure to report any allergies or medical/special needs we should be aware of concerning your children. In case of emergency, parents will be contacted at the phone numbers above, and if necessary, the emergency contact named on the permission form.

## 2025-2026 REGISTRATION FEES: \$80.00 per student or \$240.00 per family maximum

Number of students Grades 1-8\* \_\_\_\_\_ X \$80.00 or \$240.00 maximum = \_\_\_\_\_

\* Add a Youth Bible fee of \$20.00 for 6th grader or new Junior High student + \_\_\_\_\_

**TOTAL DUE** \$ \_\_\_\_\_

**Payment in full is due at the time of registration. Please select one of the following:**

☐ Online Payments may be made at no extra charge by scanning the QR code, or going to <https://givebutter.com/mJEG7g>

☐ Payment in full by cash or check made payable to St. Charles Parish.

*Please contact the Faith Formation Office at 937-434-9272 to request financial assistance.*



Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only: Date: \_\_\_\_\_ Check/Cash/Give Butter: \_\_\_\_\_ Amount: \_\_\_\_\_

**ARCHDIOCESE OF CINCINNATI PERMISSION, RELEASE AND  
AUTHORIZATION TO SEEK MEDICAL TREATMENT** (rev. 07-9-2020)

I, the custodial parent or lawful guardian of (the "Child's/children's name(s)) #1) \_\_\_\_\_  
#2) \_\_\_\_\_ #3) \_\_\_\_\_ #4) \_\_\_\_\_ give permission for my  
Child(ren) to participate in the activity described on the *Activity Information* form (the "Activity") and release from all liability,  
indemnify, and hold harmless St. Charles Borromeo ("Parish and School"), the Archdiocese of Cincinnati (the "Archdiocese"), the  
Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, and all parishes and schools  
within the Archdiocese, and all of their agents, representatives, volunteers, and employees, from any and all liability, claims,  
judgments, damages, costs and expenses, including attorneys' fees, arising out of any injury, illness, infectious and/or  
communicable disease (such as MRSA, influenza, or COVID-19, or death, (including any injury, illness, infectious and/or  
communicable disease, or death caused by the negligence of Parish and School, the Archbishop, the Archdiocese, any parish or  
school within the Archdiocese, or any of their agents, representatives, volunteers or employees) incurred by my child while  
participating in the Activity, or while using the facilities and equipment of the Parish and School. I further agree not to bring or  
prosecute or allow to be brought or prosecuted (including, but not limited to, prosecution through subrogation) in my name, or on  
behalf of my Child, any claims, lawsuits, or actions against Parish and School, the Archbishop, the Archdiocese, all parishes and  
schools within the Archdiocese, or their agents, representatives, volunteers and employees.

I understand that my Child's/Children's participation in the Activity is purely voluntary and is a privilege and not a right, and that  
my Child/Children, and I on behalf of my Child/Children, agree to my Child's/Children's participation in the Activity in spite of  
the risks of injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), and death. I agree  
that if my Child/Children has underlying health concerns which may place him/her at greater risk of contracting COVID-19 or that  
would possibly increase the severity of illness if COVID-19 is contracted, then my Child/Children and I will consult with a health  
care professional before participating in the Activity.

I agree to instruct my Child/Children to cooperate with the agents of Parish and School and/or the Archdiocese who are in charge  
of the Activity.

I authorize the agents of Parish and School and/or the Archdiocese who are acting as leaders of the Activity to seek medical  
treatment of my Child/Children in the event any injury, illness, or medical emergency during the Activity or related travel. I  
understand that the agents of Parish and School and/or the Archbishop will make a reasonable attempt to contact me as soon as  
possible in the event of a medical emergency involving my Child/Children.

I agree that Parish and School and/or the Archdiocese may use my Child's/Children's portrait or photograph for promotional  
purposes, website, and office functions.

I agree that Parish and School and/or the Archbishop may use social media and technology to communicate to my Child/Children  
regarding parish/school related activities.

This Permission, Release, and Authorization is intended to be as broad and inclusive as permitted by the law of the State of Ohio,  
and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and  
effect. This Permission, Release, and Authorization shall be construed in accordance with the laws of the State of Ohio, excluding,  
and irrespective of, and choice of law principles to the contrary.

Parish and School, the Archdiocese, the Archbishop and their agents, employees, and volunteers shall have no liability whatsoever  
in the event the Activity is cancelled due, in whole or in part, to any present or future pandemic, epidemic, widespread disease or  
illness, public health concern, or circumstances arising therefrom, or from actions taken by any governmental or municipal  
authority to prevent, avoid, or mitigate the impacts thereof.

I have carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission,  
Release and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child/Children, and our personal  
representatives, estates, assigns, heirs, and next of kin. I have signed below of my own free will.

Signature of Custodial Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Place of Employment & Address: \_\_\_\_\_

Custodial Parent/Legal Guardian Phone No. (cell): \_\_\_\_\_ ; (other Phone No.): \_\_\_\_\_

Emergency Contact Phone No. (cell): \_\_\_\_\_ ; (other Phone No.): \_\_\_\_\_

\*\*\*\*\*

**ACTIVITY INFORMATION:**

Church Agency: St. Charles Borromeo Parish  
Group Leader: Erin Fanning

Location: St. Charles School  
Telephone: (937) 434-9272

**Program or Group CCD Gr. 1-5**

Usual day and time: Tuesdays 4:00 – 5:15 p.m.  
Dates: September 29, 2025 – April 28, 2026

**Program or Group CCD Gr. 6-8**

Usual day and time: Sundays 6:30 – 8:00 p.m.  
Dates: August 24, 2025 – April 26, 2026

**Medical Information Form** — Completed by Custodial Parent/Legal Guardian — Please Print

#1 Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Allergies (e.g. food, drugs, anesthetics) \_\_\_\_\_  
Medications taken regularly \_\_\_\_\_  
Medical Conditions/Impairments (e.g. epilepsy, diabetes, asthma) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_  
Custodial Parent/Legal Guardian Phone No. (cell) \_\_\_\_\_ (other Phone No.) \_\_\_\_\_  
Emergency Contact Phone No. (cell) \_\_\_\_\_ (other Phone No.) \_\_\_\_\_  
.....

#2 Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Allergies (e.g. food, drugs, anesthetics) \_\_\_\_\_  
Medications taken regularly \_\_\_\_\_  
Medical Conditions/Impairments (e.g. epilepsy, diabetes, asthma) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_  
Custodial Parent/Legal Guardian Phone No. (cell) \_\_\_\_\_ (other Phone No.) \_\_\_\_\_  
Emergency Contact Phone No. (cell) \_\_\_\_\_ (other Phone No.) \_\_\_\_\_  
.....

#3 Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Allergies (e.g. food, drugs, anesthetics) \_\_\_\_\_  
Medications taken regularly \_\_\_\_\_  
Medical Conditions/Impairments (e.g. epilepsy, diabetes, asthma) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_  
Custodial Parent/Legal Guardian Phone No. (cell) \_\_\_\_\_ (other Phone No.) \_\_\_\_\_  
Emergency Contact Phone No. (cell) \_\_\_\_\_ (other Phone No.) \_\_\_\_\_  
.....

#4 Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Allergies (e.g. food, drugs, anesthetics) \_\_\_\_\_  
Medications taken regularly \_\_\_\_\_  
Medical Conditions/Impairments (e.g. epilepsy, diabetes, asthma) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_  
Custodial Parent/Legal Guardian Phone No. (cell) \_\_\_\_\_ (other Phone No.) \_\_\_\_\_  
Emergency Contact Phone No. (cell) \_\_\_\_\_ (other Phone No.) \_\_\_\_\_  
.....