

CCD AND GODTEENS REGISTRATION (2026-27)

(one form per family)*

***Families must be registered in their parish before students can register for CCD/GT**
(unless permission was granted for other circumstances)

***Is your family registered in our parish?** _____ **Yes** _____ **No** (If “no”, please ask for a parish registration form.)

Student Name (First, Middle Initial, Last)	Gr	Birth Date City/State	Baptism Church/City/State	Penance Church/City/State	First Com. Church/City/State	Confirmation Church/City/State

Father’s Full Name _____ **Religion** _____

Mother’s Full Name _____ **Religion** _____

Mother’s Maiden Name _____

Home Address _____

	Home Phone	Cell Phone	Work Phone	Email Address
Mother				
Father				
Guardian *				

*(Guardian if applicable)

CCD-GT Registration (annual fee which includes \$15 Diocesan fees) (up to 4 children & youth)

- \$ 20---one child
- \$ 40---two children
- \$ 60---three children
- \$ 80---four or more children

To better serve your children, please list any health or special needs that we should be aware of.

Paid by check# _____ **\$** _____ **Paid Cash \$** _____
(If not able to pay full amount at time of registration, you may pay in smaller amounts throughout the school year.)

PLEASE TURN PAGE OVER TO CONTINUE⇒⇒⇒⇒⇒

PARENT/GUARDIAN MEDIA CONSENT AND RELEASE FOR PARISHES

I, the undersigned Parent/Legal Guardian, hereby give my consent for St. Joseph Catholic Church, the Catholic Diocese of Lincoln, any Religious Order within the Catholic Diocese of Lincoln, and any Third-Party Media Outlet approved by the Pastor of the Parish, to record, film, photograph, audiotape, or videotape my below Child(ren)'s name, image, likeness, spoken words, student work, performance or movement, in any form at the parish or a parish-related activity or event (hereinafter collectively referred to as "Parish Works"), and to display, publish, post, reproduce, disseminate, or exhibit these Parish Works or any part thereof in connection with any promotional material, website, social media posting, radio broadcast, television broadcast, or any other media form or format. The Parish, Catholic Diocese of Lincoln, Religious Orders within the Catholic Diocese of Lincoln, and Third-Party Media Outlets approved by the Pastor of the Parish shall be collectively referred to as the "Approved Parties".

I hereby release the Approved Parties, including their respective officers, directors, employees and agents from any and all liability, loss, damage, costs, claims and/or causes of action arising out of or related to the creation, publication, posting, reproduction, dissemination, or distribution of the Parish Works.

I have read this Media Consent and Release and understand its terms. I am a parent or legal guardian of the below listed Child(ren) and have the authority to execute this Consent and Release on behalf of myself and my Child(ren).

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

CHILD'S NAME	CHILD'S GRADE

OR

I, the undersigned Parent/Guardian, DO NOT CONSENT to the above Media Consent and Release.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____