

CCE REGISTRATION FORM *(One form per child)*

(2018-2019)

REGISTRATION FEE: **\$25.00 per family**

Student's Name: First _____ Middle _____ Last _____

Birth-date: ____/____/____ City of Birth: _____

Grade: _____

Baptismal Record: *(Please check one)*

Child needs to be Baptized *(please call Church Office to set up appointment for class)*

Child was Baptized: At Assumption of the Blessed Virgin Mary, Ganado - Date of Baptism: _____

At Other Parish **** ATTACH A COPY of the Baptismal certificate**** Date of Baptism: _____

Church name of Baptism: _____ City/State of Baptism: _____

Sacrament of First Holy Communion: *Child must be Baptized*

1st Communion First Holy Communion *(2nd grade and up)*

***** Need Birth Certificate & Baptismal records- ** please see above for Baptismal Records ****

Sacrament of Confirmation: *Child must be Baptized and have received First Holy Communion*

Confirmation *(for Grades 9-11)* 1st Year Prep class - *(will be Confirmed in Second Year Confirmation)*

2nd Year Confirmation

***** Need Baptismal records- ** please see above for Baptismal Records ****

Parents/ Guardian Information

Father's Name _____ Religion _____

Mother's Name _____ *(including Maiden)* _____ Religion _____

Mailing Address _____ City/State/Zip _____ Phone _____

Email Address *(to receive class reminders, notifications, updates, etc.)* _____

***** Please fill out Medical Release Form on back side *****

Office Use

Paid Fee: _____

Date of Confirmation: _____

Date of 1st Communion: _____

Saint Name: _____

Sponsor Name: _____

1st Communion : 1st, 3rd, 4th, 5th ; Jr. High 6th-7th ; TOB 8th ; High School 9th-12th ; Confirmation 1st or 2nd

OFFICE OF YOUTH MINISTRY AND YOUNG ADULT MINISTRY (2018-2019)
ASSUMPTION OF THE BLESSED VIRGIN MARY CHURCH / DIOCESE OF VICTORIA IN TEXAS
PERMISSION FORM/MEDICAL RELEASE

NAME _____ Gender _____ Grade _____
Address _____ City _____
State/Zip _____ Phone (_____) _____
Age _____ Date of Birth _____ Parish: Assumption of the Blessed Virgin Mary - Ganado

PARENT/LEGAL GUARDIAN'S NAME _____
Address (if different than above) _____
Phone (_____) _____ Cell (_____) _____ Work(_____) _____

I request and give my consent for my son/daughter, _____ to participate in all church sponsored activities from **August 1, 2018 through August 31, 2019 sponsored by Assumption of the Blessed Virgin Mary Church** and/or by the Diocese of Victoria. I understand that my son/daughter will be under the supervision of diocesan and/or parish personnel. As parent or legal guardian, I agree to defend, indemnify and hold harmless the Diocese of Victoria and Assumption of the Blessed Virgin Mary Church, its clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries or other damages arising out of my son/daughter's participation in the above mentioned activity or during the transportation to and from the event. I grant permission for non-prescriptive medication (e.g. Tylenol, throat lozenges, cough syrup, Pepto-Bismol, etc.) and routine nonsurgical medical care to be given to my son/daughter if deemed advisable by the supervising diocesan personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located.

(please initial for consent) **Photo Disclaimer:** I hereby give permission for my son/daughter to be photographed or video taped. I realize that the photo may be published in the newspaper, a magazine, or other publication. The video may be used for educational purposes or informational purposes regarding programs or curriculum.

Date _____ Parent's Signature _____
Family Physician _____ Phone (_____) _____
Address _____ City/State/Zip _____

My son/daughter is allergic to: _____
My son/daughter takes the following medication (name, dosage): _____
This medication is for: _____
Medication that my son/daughter is allergic to: _____
Last immunization/booster for Diphtheria/Tetanus: _____
Any specific medical problems? _____ Any physical limitations? _____

In an emergency, if unable to reach parent/guardian, please contact:
Name _____ Work Phone (_____) _____ Home Phone (_____) _____
Name _____ Work Phone (_____) _____ Home Phone (_____) _____
Name of Insurance Company _____ Phone (_____) _____
Address _____
City/St/Zip _____
Name of Insured _____ Policy # _____
Group or Plan # _____