

2018-2019
CCE REGISTRATION STUDENT FORM

St. Philip the Apostle Catholic Church
2308 3rd Street Huffman, TX. 77336 Phone: 281-324-1478
Archdiocese of Galveston-Houston

PLEASE PRINT:

Student Name: _____

Gender: M or F Birthdate: _____

Fall 2018 Grade Level: _____

Did this child attend CCE last year? (Circle) YES NO

If yes, give parish name and city: Parish Name/City _____

Parent/Guardian Name(s): _____

Email: _____

Home Phone #: _____ Cell Phone#: _____

Emergency Contact Name & Phone: _____

Check Sacrament(s) Child Received	Parish Name & Year
<input type="checkbox"/> Baptism	
<input type="checkbox"/> Reconciliation	
<input type="checkbox"/> Eucharist	
<input type="checkbox"/> Confirmation	

PARENTS: We need and appreciate your help in CCE.

Please indicate how you can help.

- Special Events
- Chaperone/Driver to events

*Protecting God's Children
Virtus training required.*

**Children eligible to receive
First Reconciliation & First Holy
Communion Sacraments
this CCE year
MUST SUBMIT
a newly re-issued original
Baptismal Certificate
by Sunday, December 2nd**

CCE Orientation, Religious Ed Handbooks & Code of Conduct

I agree to attend the Fall CCE orientation with my child where we will receive resources and meet with catechist in the classroom following orientation. **Parent Initials:** _____

Picture Permission

As parent/guardian, I understand that pictures (individual and group) may be taken during class and special events. I (circle one) **DO** or **DO NOT** give my permission for my son's/daughter's picture to be used for promotional materials (bulletin, web page, calendars, power point, etc.) in highlighting this ministry. **Parent Initials:** _____

Elementary Only:

Our family usually attends _____ Mass.

After CCE, I would like to pick my child up from (circle one): The classroom / Car rider line

Parent's Signature _____ Date: _____