

Print in Landscape Mode

BEST EMAIL ADDRESS FOR FAMILY _____

LAST NAME: _____ Best Contact Phone # _____

MAILING ADDRESS: _____

CITY: _____ ZIP: _____ SCHOOL DISTRICT: _____

FATHER/GUARDIAN'S LAST NAME _____ FIRST NAME _____ RELIGION _____

OCCUPATION: _____ WORK# _____ CELL# _____

MOTHER'S/GUARDIAN'S LAST NAME: _____ FIRST NAME _____ RELIGION _____

OCCUPATION: _____ WORK # _____ CELL # _____

Valid Church Marriage
 Married Outside of Catholic Church
 Separated
 Divorced
 Widowed
 Remarried
 Single
 Registered Parishioner
 Non Parishioner
 You must be registered in parish at least 6 months to be considered for parishioner rates

Were your student(s) enrolled in CCE during the 2016/2017 school year? _____ (Name of Parish) _____

- List each student to be enrolled in C.C.E. below
- Indicate under Baptismal column (B) write "NC" if child was baptized in another faith other than Catholic*.

Has Each Child Received*

Last Name	First Name	Middle Name	Male(M) Female(F)	Birth Date	Grade for Aug. 2017	Baptism*	1 st Euch*	Confirm*

Please select a session for each registered student:

4 Yr Olds by 9/1/17	Kindergarten	Elementary (1-5)	Middle School (6th)	EDGE (7 & 8th)	LIFE TEEN (9-12th)
Sunday	___ Tuesday 4:00 pm	___ Tuesday 4:00 pm	___ Tues. 7 pm	___ Wednesday 6:45-8:30 pm	___ Sunday 6:45-8:30 pm
___ Sunday 9:30 am	___ Wednesday 4:00 pm	___ Tuesday 7:00 pm	___ Sunday 9:30-11 am		___ Tuesday 7:15-8:30 pm
___ Sunday 11:30 am	___ Wednesday 5:30 pm	___ Wednesday 4:00 pm	(need based only- request in writing)		
	___ Sunday 9:30 am	___ Wednesday 5:30 pm			
	___ Sunday 11:30 am				

___ Home Based Catechesis	___ Reconciliation/Eucharist Preparation	___ RCIA Adapted for Children	___ Confirmation Preparation
___ Atrium (Special Needs)	2 nd grade or above- attach bapt. certificate	attach copy of birth certificate if not baptized-Sunday 9:30-11 am	10 th grade and above with good attendance previous year
Sunday 9:30am			

Office Use: Faith Direct Charge/Cash/check#	Amount Paid	Date Paid	Balance
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Are there any accommodations we need to be aware of (medical, cognitive, developmental, emotional or physical) that will impact the child(ren)'s ability to learn or participate in classroom activities? (This will only be share with your child's catechist) NO ___ YES ___ Add child's name when sharing information.

Is there any additional information which would be helpful to the student's catechist, i.e. family crisis, divorce, separation, death or serious illness?

EMERGENCY AND MEDICAL INFORMATION

See attached form and submit with registration form in order for your child to be registered in CCE.

Session Parent Pass Cards are required by all adults and older siblings for pickup at classroom door.

Please list the **name(s)** of anyone who should **NOT pick up your child** from class (PK-6TH only)

(1) _____ (2) _____

AREA OF PARENT VOLUNTEER SERVICE

Many volunteers are needed to make this program a success. Please share you time and talent and work with an age group that you would enjoy.

Check your choice now so that we may alert you to training sessions!

Volunteer's Name _____ Have you had VIRTUS training in the last five years? Yes ___ No ___

PreK through 6th grade Volunteers Needed:

Catechist _____ (grade & session) _____ Reconciliation/First Eucharist Team _____ Eucharist Reception (May 2018) _____

Classroom Aide _____ (grade & session) _____ Nursery during CCE _____ Children's Liturgy of Word _____ Office help during CCE session _____

Substitute Catechist _____ grade(s) & sessions _____ Substitute Aide _____ grade(s) & session _____ Office Help during week _____

Special Needs Buddy _____ Guardians –Tuesday Arrival _____ Dismissal-Tuesday _____ Wednesday Arrival _____ Dismissal-Wednesday _____

EDGE (7th & 8th) & LIFE TEEN (9th-12th) Volunteers Needed:

EDGE Core Team _____ EDGE Attendance Keeper _____ EDGE Kitchen Helpers _____ EDGE Office Help during week _____

LIFE TEEN Core Team _____ LIFE TEEN Attendance Keeper _____ LIFE TEEN Kitchen Helper _____ LIFE TEEN Office Help during week _____

Confirmation Core Team _____ Confirmation Reception (possibly April, 2018) _____

TUITION AND FEES – Tuition payment must accompany Religious Education Registration & Parent/Guardian Consent Form for classroom assignment. Attach baptismal or birth certificate if child(ren) preparing for Sacraments.

<u>Per student rate*</u>	<u>Early by May 30</u>	<u>Regular May 31-August 15</u>	<u>Late after August 15</u>
Parishioner fee	\$45.00	\$55.00	\$100.00 per student-max \$300 per family
Non-Parishioner fee	\$75.00	\$85.00	\$150.00

***Family maxium 3x per student rate.** You must be registered in the parish at least 6 months prior to registering for CCE Program to receive the Parishioner fee.

*The pastoral policies of this parish recognize that each student has the right to Catholic formation and guarantees each student enrollment in the CCE program regardless of financial limitation. No student is denied participation due to funding. Scholarship Forms are available upon request but **must be submitted in writing through the CCE Office.** **Scholarships must be requested before August 15th.***

2017-2018 PARENT /GUARDIAN CONSENT FORM

IMPORTANT! THIS PAGE MUST BE SUBMITTED WITH THE REGISTRATION FORM!

To be filled out by the parent or legal guardian of children under 18 years of age.
Keep pages 1 and 2 of the **Policies & Guidelines** for your records.

MEDICAL CONSENT

In the event of an emergency, I hereby give permission to the staff of Mary Queen Catholic Church to seek emergency medical transport or treatment for my child named below. I will be responsible for costs incurred. I wish to be advised before further care is given by the hospital or doctor. If I cannot be reached, contact:

Name & Relationship _____ Phone (_____) _____ - _____

Family Doctor _____ Phone (_____) _____ - _____

Insurance Name _____ Group Number _____

Insurance Phone Number (_____) _____ - _____ Check here if not insured

List medical conditions, medications, and life-threatening allergies on the back of registration form.

In the event of any accident or injury, I agree on behalf of myself, my child's other parent if known or living (name of parent) _____ the children named below, or our heirs, successors, and assigns, to hold harmless and defend the Archdiocese of Galveston-Houston, its pastor or any representative of Continuing Christian Education and Youth Ministry, unless the parties involved were careless and negligent.

Signature of Parent /Guardian _____ **Date** _____

VIDEO /PHOTOGRAPH CONSENT

As parent /guardian, I understand that promotional pictures and videos (individual and group) may be taken during Continuing Christian Education classes or Youth Ministry activities. I give permission for my child's pictures (named below) to be used for church promotional materials such as newsletters, web pages, calendars, Power Point presentations, or videos to promote or highlight these classes or activities. My child's name will not be released without further consent.

Signature of Parent /Guardian _____ **Date** _____

PRINT HERE THE NAMES OF ALL THE CHILDREN ON THE REGISTRATION FORM

1 _____ (_____) _____	4 _____ (_____) _____
Grade	Grade
2 _____ (_____) _____	5 _____ (_____) _____
Grade	Grade
3 _____ (_____) _____	6 _____ (_____) _____
Grade	Grade

CONSENT & LIABILITY WAIVER

I AM THE PARENT OR LEGAL GUARDIAN OF THE CHILD OR CHILDREN NAMED ABOVE. I HAVE READ THE CONTINUING CHRISTIAN EDUCATION & YOUTH MINISTRY POLICIES AND GUIDELINES OR HAVE HAD THEM READ TO ME. I FULLY UNDERSTAND AND ACCEPT THESE POLICIES AND GUIDELINES KNOWINGLY, FREELY AND WILLINGLY.

Primary Contact Number (_____) _____ - _____ Alternate Number (_____) _____ - _____

Evening Number, if different from above (_____) _____ - _____

Parent's Printed Name _____

Signature of Parent /Guardian _____ **Date** _____