

**St. Philip Neri Catholic Church
2012-2013 CCE Registration Form**

Student Information

Student Name: _____ Gender: M / F
First Name Middle Name Last Name
Birthday: _____ Age (as of 8/20/12): _____ Grade (2012/2013): _____
School: _____

Sacraments received in Catholic Church: *(please check all applicable)*

Profession of faith/Baptism _____ Reconciliation _____ Eucharist _____ Confirmation _____

Did this child attend CCE last year? Yes _____ No _____

If yes, at St. Philip Neri? Yes/No _____ If no, name of church _____

Child currently lives with: Father ___ Mother ___ Other ___ (relationship to student) _____

Member Information

Father's Name: _____ Religion: _____
First Name Last Name

Father's Mailing Address _____ City/State/Zip _____

Home Phone: _____ Cell Phone: _____ Accepts texts? Yes/No

E Mail Address _____

Sacraments received in Catholic Church: *(please check all applicable)*

Profession of faith/Baptism _____ Reconciliation _____ Eucharist _____ Confirmation _____ Marriage _____

Mother's Name: _____ Religion: _____
First Name Last Name

Mother's Mailing Address _____ City/State/Zip _____

Home Phone: _____ Cell Phone: _____ Accepts texts? Yes/No

E Mail Address _____

Sacraments received in Catholic Church: *(please check all applicable)*

Profession of faith/Baptism _____ Reconciliation _____ Eucharist _____ Confirmation _____ Marriage _____

Guardian's Name (If not living w/ parent): _____ Religion _____
First Name Last Name

Guardian's Mailing Address _____ City/State/Zip _____

Home Phone: _____ Cell Phone: _____ Accepts texts? Yes/No

E Mail Address _____

Sacraments received in Catholic Church: *(please check all applicable)*

Profession of faith/Baptism _____ Reconciliation _____ Eucharist _____ Confirmation _____ Marriage _____

Emergency Contact Information (if parent cannot be reached)

Name: _____ Phone: _____ Relationship: _____

Parent/Guardian Signature

Date

Parents/Guardians: Please list ALL disabilities, medical conditions/allergies/depression and/or anxiety/ food allergies: _____

Does your child possess any medical issues that we need to be aware of, such as: Sickle Cell, Diabetes ADD, ADHD, or Asthma? _____

Please list ANY medications (prescription or non-prescription) you would like us to be aware of: _____

Photo Authorization: There may be occasions throughout the year in which your child's photo may be taken either individually or with a group. These photos are sometimes displayed in the church, used in the Parish bulletin or website. No names will be used in connection with these photographs.

____ Yes, I give permission for my child's photo to be used.

____ No, I do not give permission for my child's photo to be used.

Signature: _____ Date: _____

Fees

In order to build and maintain a successful CCE program we must require fees for CCE. The registration fees collected helps pay for books, class supplies, teacher training, etc. The CCE registration fee is \$40 for one child and \$70 per family. **A late fee of \$10 will be charged after September 9, 2012.** If your child is preparing for a sacrament, the following are additional fees that will be accessed to your account: \$40 for 1st Communion, \$40 for Confirmation I, and \$75 for Confirmation II.

Church Ministries

As a part of the CCE program, we are instituting and encouraging our youth to use their talents and abilities in the service of God and His Church. Therefore, CCE students will participate in church ministries on each 1st Sunday of the month at the 11 a.m. Mass. Below please place a "1" by child's 1st choice and a "2" by child's 2nd choice:

Altar Server _____ Jr. Lector _____ Jr. Minister of Hospitality _____ Youth Choir _____

Parent Volunteerism

The first teacher of our CCE students is the parent. We certainly do believe that you have some talents and abilities and we would greatly appreciate all of your assistance. We are asking each parent/guardian to volunteer for a minimum of two(2) parish events.

Please indicate how you would like to help by placing a check(s) below:

Father:

CCE Aide _____ Chaperone _____ Christmas Market _____ Bazaar _____ Fish Fry _____ Crawfish Fest. _____ Parish Office _____

Mother:

CCE Aide _____ Chaperone _____ Christmas Market _____ Bazaar _____ Fish Fry _____ Crawfish Fest. _____ Parish Office _____

Guardian:

CCE Aide _____ Chaperone _____ Christmas Market _____ Bazaar _____ Fish Fry _____ Crawfish Fest. _____ Parish Office _____

For Office use only:

Payment: Total Due \$ _____ Amt. Paid/Date \$ _____/_____ Balance \$ _____ Bal. Pd/Date \$ _____/_____ Assis? Y/N

Sacramental Fees? Y/N Total Due? \$ _____ Amt. Paid/Date \$ _____/_____ Balance \$ _____ Bal. Pd/Date \$ _____/_____

**2012 – 2013 Class Assignment _____
Birth Certificate on file? Yes/No Baptismal Certificate on file? Yes/No 1st Communion on file? Yes/No

Notes: _____