

Domestic Church Information

Church Member's Info

Mother's First & Last Name

Father's First & Last Name

Guardian's First & Last Name

Child's Residence Address:

City/St/Zip code

Mother's Religion

Father's Religion

Guardian's Religion

Adult Sacrament Needs

Name: _____

☐ Baptism

☐ First Communion

☐ Confirmation

Select Ministry your family serves:

- ☐ C.C.E.
- ☐ St. Michael's Crew (CCE Security)
- ☐ Shine Youth Group/TYM
- ☐ Evangelization Committee
- ☐ Hospitality
- ☐ Altar Serving
- ☐ Social Committee
- ☐ Legion of Mary
- ☐ Knights of Columbus
- ☐ Eucharistic Adorers
- ☐ Catholic Daughters
- ☐ Parish Council
- ☐ Finance Council
- ☐ Food Distribution
- ☐ OCIA
- ☐ Altar Society

Tuition:

☐ 1 Child \$150.00

☐ 2 Children

☐ 3 Children

☐ 4+ Children

*Catechist Discount: \$25.00

*Catechist Leader/Youth Group: \$50.00

Mother's Contact Information

Cell Phone #

Email address

Address if different from child's residence

Father's Contact Information

Cell Phone #

Email address

Address if different from child's residence

Emergency Contact Name/Cell/Relationship to child:

Online Giving: Financial Stewardship is an important foundation for our church's financial security. Families who participate in consistent online giving help ensure and sustain our church throughout the year. We recognize that commitment and offer families who participate in online giving the **"switch date flexibility"** for CCE Attendance.

Holy Trinity CCE

Mont Belvieu, Tx

Child's Last Name

Child's First Name

2023-2024 Grade

Wed/Thurs
Wed only
Thurs. only HS SUN

Child's Date & Place of Birth
____/____/____
Place of Birth:

Child's Gender
☐ Female ☐ Male

Select Sacrament Enrollment 2023-2024 Year

- ☐ **Year 1 First Communion**
- ☐ **Year 2 First Communion:** Students who have previously attended & successfully completed Year 1 classes. Transfer students will take an assessment exam administered by HTCC.
- ☐ **Post Confirmation & TYM/Retreat Team**
- ☐ **Sunday: Confirmation Year 1 & Youth Group**
(High Schooler with 1-2 years of CCE prior to enrollment) Church Service hours required (24).
- ☐ **Sunday Confirmation Year 2 & Youth Group**
(High Schooler who has successfully completed a Confirmation Year 1 course). Church Service hours required (24). Transfer students will take an assessment exam administered by HTCC.
- ☐ **O.C.I.C. Order of Christian Initiation** Unbaptized Children ages 7+ Parents attend class with students.

All Sacrament Classes have Mass requirements.

All Confirmation programs require students to participate as **Active Disciples**. Students may serve as Altar Servers, Hospitality, in the Choir or CCE/VBS programs. Parents/sponsors are required to serve our church as volunteers/ministries/events. Affirming that we are Kingdom Builders/Disciples. Disciple Tracker Logs will be kept by family reviewed periodically by teacher/director.

It is expected student/family attend Mass at HTCC. Students attending mass regularly outside of HTCC will need to provide a letter from the Priest of the parish they regularly attend granting permission to receive Sacrament Preparation at HTCC.

Sacraments Received:

Baptism Date:

Church Name:

Church Address/City/State/Country:

First Holy Communion Date:

Church Name:

Church Address/City/State/Country:

Confirmation Date:

Church Name:

Church Address/City/State/Country:

Select Non-Sacrament Catechesis Class Enrollment 2023-2024 Year

Kindergarten	2nd Grade:	3rd Grade:	4th Grade:	5th Grade:
6th Grade:	7th Grade:	8th Grade:	Teen Retreat Team Post Confirmation & TYM	Homeschool Catechesis Parent Facilitated Non-Sacrament
OCIC: Unbaptized child aged 7 or older/Parent attendance required.		Grades 7-8 th are co-enrolled in Shine Youth Group Grades 9-12 th are co-enrolled in Teen Youth Ministry		

**UNIVERSAL FIELD TRIP
AND/OR YOUTH ACTIVITY RELEASE FORM**

Assumption of Risk, Hold Harmless and Indemnity Agreement

Name of Youth: _____

Parish/School: _____

I/We, the parent(s)/guardian(s) of _____ request that the School and/or Parish
allow my/our son and/or daughter to participate in the following activity/trip:

IN CONSIDERATION OF THE EDUCATIONAL INSTRUCTION MY/OUR CHILD WILL RECEIVE I/WE PROMISE AS
FOLLOWS:

**I/WE HEREBY RELEASE, SAVE AND HOLD HARMLESS THE ABOVE NAMED PARISH/SCHOOL,
DIOCESE OF BEAUMONT, MOST REVEREND DAVID L. TOUPS, BISHOP OF DIOCESE OF BEAUMONT, AND ANY
AND ALL OF ITS EMPLOYEES FROM ANY AND ALL LIABILITY FOR ANY AND ALL HARM ARISING TO MY/
OUR SON/DAUGHTER AS A RESULT OF THIS TRIP AND/OR ACTIVITY, WHETHER CONDUCTED ON PREMISE
OR NOT.**

**I/WE HAVE BEEN APPRISED OF THE MODE OF TRANSPORTATION TO BE USED IN THIS ACTIVITY/TRIP,
IF ANY, AND I/WE UNDERSTAND AND ACCEPT THAT MODE OF TRANSPORTATION BEING USED.**

**I/WE RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE ABOVE NAMED PARISH/SCHOOL,
DIOCESE OF BEAUMONT, AND MOST REVEREND DAVID L. TOUPS, BISHOP OF DIOCESE OF BEAUMONT, FOR
ANY AND ALL CLAIMS AND LIABILITY ARISING OUT OF STRICT LIABILITY OR ORDINARY NEGLIGENCE OF
THOSE ENTITIES OR ANY OTHER USER OF THE FACILITY OR ANY DRIVER WHICH CAUSES THE CHILD OF
THE UNDERSIGNED INJURY, DEATH OR PROPERTY DAMAGES AND FURTHER AGREES TO HOLD THE
PARISH/SCHOOL, DIOCESE OF BEAUMONT, AND THE MOST REVEREND DAVID L. TOUPS, BISHOP OF
DIOCESE OF BEAUMONT, HARMLESS AND INDEMNIFY THE PARISH/SCHOOL, DIOCESE OF BEAUMONT, AND
THE MOST REVEREND DAVID L. TOUPS, BISHOP OF DIOCESE OF BEAUMONT, FROM ANY CLAIM,
JUDGEMENT OR EXPENSES THEY MAY INCUR BY PARTICIPATION OF THE DESCRIBED ACTIVITY.**

**I/WE UNDERSTAND THE PARTICIPATION IN THE DESCRIBED ACTIVITY INVOLVES DANGER AND
RISK OF INJURY. THE INHERENT DANGER IS UNDERSTOOD AND VOLUNTARILY ASSUMED.**

**I/WE AUTHORIZE THE ABOVE NAMED PARISH OR SCHOOL AND/OR DIOCESE OF BEAUMONT AND
ANY AND ALL ORGANIZERS OR SPONSORS TO PERFORM A PRE-BOARDING SEARCH OF OUR
SON'S/DAUGHTER'S LUGGAGE AND/OR BACKPACK AND/OR PURSE FOR ILLEGAL SUBSTANCES OR ANY
ITEM WHICH MAY ENDANGER THE HEALTH OR SAFETY OF THE ORGANIZATION, ITS PARTICIPANTS OR
PERSONNEL.**

**I/WE AUTHORIZE THE ABOVE NAMED PARISH OR SCHOOL AND/OR DIOCESE OF BEAUMONT AND
ANY AND ALL ORGANIZERS OR SPONSORS TO PERFORM A STUDENT SEARCH OF OUR SON/DAUGHTER IF
HE/SHE IS SUSPECTED TO BE IN POSSESSION OF ILLEGAL SUBSTANCES OR ANY ITEM WHICH MAY
ENDANGER THE HEALTH OR SAFETY OF THE SCHOOL/PARISH, ITS STUDENTS, OR PERSONNEL.**

I/WE HAVE READ THIS DOCUMENT. I/WE UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS.

I/WE UNDERSTAND THAT I/WE AND OUR CHILDREN ASSUME ALL RISK INHERENT IN THIS ACTIVITY. I/WE
VOLUNTARILY SIGN MY/OUR NAME(S) EVIDENCING MY/OUR ACCEPTANCE OF THESE PROVISIONS.

Parent_____
Date_____
Parent_____
Date

**NOTE: A PHOTOCOPY OF BOTH SIDES OF HEALTH INSURANCE ID CARD MUST BE PROVIDED UNLESS
ALREADY SUBMITTED WITH YOUTH REGISTRATION CONSENT LIABILITY WAIVER FORM (EXHIBIT J-H).**

EXHIBIT J-h

YOUTH REGISTRATION, CONSENT, LIABILITY WAIVER

Parish/School

Last Name

Diocese of Beaumont

PLEASE PRINT OR TYPE

NAME _____ SEX: _____ Male _____ Female
Last First Middle

ADDRESS _____ PHONE _____
P.O. Box or Street City State Zip
Name Business Address Business Phone/Page/Cell, etc.

Mother _____

Father _____

LIST TWO NEIGHBORS OR RELATIVES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED.

Name _____ Name _____
Address _____ Tel _____ Address _____ Tel _____

Note any health conditions such as heart disease, diabetes, eye or ear problems, epilepsy, severe allergies, chronic ailments, etc.
Explanation: _____

RELIGION _____ CHURCH YOU ATTEND _____

GRADE (Fall 20__) _____ AGE _____ DATE OF BIRTH _____ PLACE OF BIRTH _____

I/WE THE PARENT(S) GUARDIAN(S) OF THE ABOVE NAMED INDIVIDUAL HEREBY GIVE MY/OUR CONSENT AND APPROVAL FOR HIS/HER PARTICIPATION IN ANY AND ALL ACTIVITIES SPONSORED BY THE DIOCESE OF BEAUMONT, MOST REVEREND DAVID L. TOUPS, BISHOP OF DIOCESE OF BEAUMONT, AND/OR THIS PARISH AND/OR THIS SCHOOL, AND ANY AND ALL ORGANIZERS OR SPONSORS, INCLUDING PARTICIPATION IN ATHLETIC EVENTS. I/WE ASSUME ALL RISKS AND HAZARDS INCIDENT TO THE CONDUCT OF SUCH ACTIVITIES, INCLUDING ANY AND ALL TRANSPORTATION, AND FOR AND IN CONSIDERATION OF THE EDUCATIONAL INSTRUCTION HE/SHE WILL RECEIVE IN CONNECTION THEREWITH, I/WE HEREBY AGREE TO RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS, AND DO BY THIS INSTRUMENT RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS THE DIOCESE OF BEAUMONT, MOST REVEREND DAVID L. TOUPS BISHOP OF DIOCESE OF BEAUMONT, AND/OR THIS PARISH AND/OR THIS SCHOOL, AND ANY AND ALL ORGANIZERS OR SPONSORS, OF AND FROM ANY AND ALL LIABILITY FOR AN INJURY TO MY/OUR AFORESAID YOUTH, AND I/WE WAIVE ALL CLAIMS OF ANY KIND AGAINST ANY OR ALL OF THE ORGANIZATIONS OR PERSONS HEREINABOVE ENUMERATED, INCLUDING ANY AND ALL CLAIMS AGAINST ANY PERSONS TRANSPORTING MY/OUR CHILD TO OR FROM ANY SUCH ACTIVITIES HEREINABOVE NAMED. I WE AUTHORIZE THE PARISH AND/OR SCHOOL AND ANY AND ALL ORGANIZERS OR SPONSORS TO PERFORM A PRE-BOARDING SEARCH OF OUR SON'S/DAUGHTER'S LUGGAGE AND/OR BACKPACK AND/OR PURSE FOR ILLEGAL SUBSTANCES OR ANY ITEM WHICH MAY ENDANGER THE HEALTH OR SAFETY OF THE ORGANIZATION, ITS PARTICIPANTS OR PERSONNEL. I/WE AUTHORIZE THE PARISH AND/OR SCHOOL AND ANY AND ALL ORGANIZERS OR SPONSORS TO PERFORM A SEARCH UPON OUR SON/DAUGHTER IF HE/SHE IS SUSPECTED TO BE IN POSSESSION OF ILLEGAL SUBSTANCES OR ANY ITEM WHICH MAY ENDANGER THE HEALTH OR SAFETY OF THE ORGANIZATION, ITS PARTICIPANTS, OR PERSONNEL.

Date _____

Father's Signature _____

MUST BE SIGNED BY PARENTS OR GUARDIANS
REVERSE SIDE OF FORM MUST BE COMPLETED

Mother's Signature _____

I give permission for my son/daughter to attend and participate in events sponsored by this particular parish and/or this school and/or Diocese of Beaumont.

Please fill in ALL blanks below. If the answer is none or does not apply, write none or N/A in that blank. Every line needs response

Medical Matters

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, mark only those in accordance with your wishes:

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor and I understand that all financial obligations are my responsibility.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

My child is taking the following medication at the present time.

Medication(s): _____ Dosage: _____

Administer: _____

_____ I hereby **Do Not Grant Permission** for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

_____ I hereby **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

Medical Conditions Information: (Diocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

Has had an episode of the following or has been diagnosed: Seizures Asthma Diabetic (Circle all that apply)

Allergic reactions to the following (food, dyes, latex etc.) _____

Has a medically prescribed diet? _____

The following physical limitations? _____

Immunizations current and up to date: Yes No (Please circle) Date of last tetanus/diphtheria immunization _____

You should also be aware of these special medical conditions of my child (e.g. depression, anxiety, etc.):

Parent(s) or Guardian(s) Signatures Date Signed

Insurance Company: _____

Information

Policy Carrier (Name Employer or Individual): _____

Policy Number: _____

Video/Photography Consent

As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during diocesan events. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video etc.) in highlighting diocesan events.

Signature (Parent/Guardian)

Date

A PHOTOCOPY OF BOTH SIDES OF MAJOR MEDICAL INSURANCE ID CARD MUST BE ATTACHED.