

**St. Philip the Apostle Catholic Church**  
**2022-2023 CCE REGISTRATION FORM**

**PRINT ALL Registration Forms AND complete for each child**

**(DO NOT FILL OUT FORMS ONLINE)**

**Bring ALL completed forms and registration fee to the church office by August 5<sup>th</sup>**

**(LATE REGISTRATION WILL NOT BE ACCEPTED)**

**Only COMPLETE Registration Packets will be accepted. (See checklist on next page)**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth Place (City, State) \_\_\_\_\_

**Baptism:** Yes \_\_\_\_\_ No \_\_\_\_\_ Name & Location of Parish \_\_\_\_\_

**1st Reconciliation:** Yes \_\_\_\_\_ No \_\_\_\_\_ Name & Location of Parish \_\_\_\_\_

**1st Communion:** Yes \_\_\_\_\_ No \_\_\_\_\_ Name & Location of Parish \_\_\_\_\_

**Confirmation:** Yes \_\_\_\_\_ No \_\_\_\_\_ Name & Location of Parish \_\_\_\_\_

\*\*\*Is this a Returning Student? Yes \_\_\_\_\_ No \_\_\_\_\_

**(A Baptismal Certificate is required for all new students unless baptized at St. Philip the Apostle Parish)**

Is there anything we should know about this child (learning difficulties, physical/emotional problems? Etc.

---

**FAMILY INFORMATION**

**\*REGISTERED PARISH \_\_\_\_\_ City \_\_\_\_\_**

**\*If your family is not registered at St. Philip, a letter from your pastor is required yearly\***

**With Whom Does The Student Live? - Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_**

**Father:** \_\_\_\_\_ **Mother:** (Include Maiden Name) \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Home Phone: (Father)** \_\_\_\_\_ **Home Phone: (Mother)** \_\_\_\_\_

**Cell Phone: (Father)** \_\_\_\_\_ **Cell Phone: (Mother)** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Names Of Other Children In The Household**

**Grade**

**Attend CCE?**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Usual Sunday Mass Time** (which Mass does the family usually attend?) \_\_\_\_\_

**Emergency Contact (Other than Parent)**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Checklist and forms to be completed and turned in at the rectory by August 5<sup>th</sup>, 2022:

**(REGISTRATION WILL NOT BE ACCEPTED AFTER AUGUST 5<sup>TH</sup>)**

- \_\_\_\_\_ Registration Form for each child
- \_\_\_\_\_ Youth Permission Form/Medical Release
- \_\_\_\_\_ Video/Photo/Media/Audio and Technology Release
- \_\_\_\_\_ Registered Member of St. Philip the Apostle Parish
- \_\_\_\_\_ Pastor Letter (needed if not a registered member of St. Philip the Apostle Parish)
- \_\_\_\_\_ Baptismal Certificate (if a new student)
- \_\_\_\_\_ Volunteer Form
- \_\_\_\_\_ Registration Payment \$35 per family

**ALL FORMS AND PAYMENT MUST BE TURNED IN AT THE SAME TIME**

**INCOMPLETE PACKETS WILL NOT BE ACCEPTED**

**FOR OFFICE USE ONLY**

- \_\_\_\_\_ Completed Registration Forms
- \_\_\_\_\_ Registration fee **\$35.00** per FAMILY
- \_\_\_\_\_ **Baptism Record (If not at St. Philip)**
- \_\_\_\_\_ 1st Holy Communion Record (**If not at St. Philip**)



# *The Catholic Diocese of Victoria in Texas*

## YOUTH PERMISSION FORM/MEDICAL RELEASE

NAME \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

St/Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Parish \_\_\_\_\_

PARENT/LEGAL GUARDIAN'S NAME \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Wk (\_\_\_\_) \_\_\_\_\_

I request and give my consent for my son/daughter, \_\_\_\_\_ to participate in all church/school sponsored activities from \_\_\_\_\_ through \_\_\_\_\_, sponsored by \_\_\_\_\_ and/or by the Diocese of Victoria. I understand that my son/daughter will be under the supervision of diocesan and/or parish/school personnel. I give my permission to the personnel in charge of the activity to search my child's belongings, bag, backpack, or other container if it is deemed necessary to do so. As parent or legal guardian I agree to defend, indemnify and hold harmless the Diocese of Victoria and \_\_\_\_\_, 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 and/or parish 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.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent's Signature

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: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Name of Insured \_\_\_\_\_ Policy # \_\_\_\_\_

Group or Plan # \_\_\_\_\_ ☐ I do not have insurance at this time.

### Contacts in case of emergency and parent cannot be reached:

Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ My child may also be released to the emergency contact adults listed above after an event. (Please initial line)

\_\_\_\_\_ My child has a valid driver's license and may drive to and from events. (Please initial line)



## **POLICY FOR ADMINISTRATION OF MEDICATIONS BY DIOCESE OF VICTORIA DESIGNEES**

**This form specifically pertains to “over the counter” medications and prescription medications provided by the legal guardian for participants in parish/diocesan sponsored activities.**

- A. Medications prescribed by a licensed healthcare provider and dispensed by a registered pharmacist may be administered for the duration of the parish/diocesan activity by authorized diocesan designee and only with this signed Medication Request Form.
- B. “Over the Counter” medication provided by the parent may be administered for the duration of the parish/diocesan activity by authorized parish/diocesan designee only with this signed, complete Medication Request Form.
- C. A prescribed medication may be administered for as long as the licensed healthcare provider requests based on the directions provided on the prescription. No medication shall be administered after its expiration date has passed.
- D. All prescribed and “over the counter” medication **must be in the original container and properly labeled.**
- E. Medication Request Form must be signed by the parent or legal guardian.

**Please complete this form only if your child will need medication administered during the event. Children *MAY NOT* keep their own medication with them, except for an epinephrine (epi-) pen, insulin, and/or an inhaler.**

### **MEDICATION REQUEST FORM**

Event: \_\_\_\_\_ Date range of event: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Medication:	Dosage:	Route: (oral, inhaled, etc.)	Time/Frequency Taken:

Will there be any restriction for activities while on any above listed medication? If “yes” please list any restrictions or special instructions:

---

---

---

I consent for this medication to be administered by a parish/diocesan/school employee or volunteer of the Diocese of Victoria. I further release the Diocese of Victoria and its personnel from any liability resulting from any adverse effect that this medication may cause when dispensed at parish/diocesan activities. I understand that if I do not agree to this policy, “over the counter” medications and prescription medications provided by the legal guardian for participants will not be administered at the above mentioned event.

Date: \_\_\_\_\_ Parent or Legal Guardian Signature: \_\_\_\_\_



## Video/ Photo/ Media/ Audio Release

I hereby grant \_\_\_\_\_ (School/Parish/Diocesan Entity) the right to make, use, and/or publish any and all videos, photos, media, audio, or other images of my minor child \_\_\_\_\_ in which they may be included, now existing or hereafter made, in any case, with or without identifying (him/her) for editorial, advertising, news, social media, or any other purpose and in any manner and medium.

I hereby release and agree to fully and unconditionally defend, indemnify, and hold harmless \_\_\_\_\_ (School/Parish/Diocesan Entity) and the Diocese of Victoria, its clergy, officers, Agents of the Church, employees and volunteers from any claims, costs or expenses for property damages, personal injuries, or other damages that may arise out of my minor child's participation.

I understand **that all communication with my minor child will be directly related to an approved School/Parish/Diocesan Entity activity.** In addition, I understand there will be no financial or other remuneration for recording my minor child in photos, videos, audio, or other images for initial or subsequent use, transmission, or playback.

I hereby **give permission** for my minor child to be in video/photos/media/audio/other images.

\_\_\_\_\_ Parent/ Guardian Signature \_\_\_\_\_ Date

I hereby **do NOT give permission** for my minor child to be in video/photos/media/technology/audio.

\_\_\_\_\_ Parent/ Guardian Signature \_\_\_\_\_ Date

## Technology Release

Written parental/guardian permission to communicate via social media or other electronic communications with a minor must be obtained. Parents must be notified of the methods of communication, which are used in each particular ministry and **MUST BE COPIED AND INCLUDED IN SUCH COMMUNICATIONS.** These communications will only be used for ministry purposes such as announcements, scheduling of events, and similar notifications.

I hereby **give permission** for my minor child to be contacted through social media or other electronic communications.

\_\_\_\_\_ Parent/ Guardian Signature \_\_\_\_\_ Date

I hereby **do NOT give permission** for my minor child to be contacted through social media or other electronic communications.

\_\_\_\_\_ Parent/ Guardian Signature \_\_\_\_\_ Date

**If permission is granted, list preferred method of contact for parent/legal guardian and minor child:**

Choice	Mode of Communication	Guardian Contact Information	Minor Child Contact Information
_____	Text Messages	_____	_____
_____	Email	_____	_____
_____	Cell Phone	_____	_____

We REALLY need your help!

**We must have volunteers like you to make this program work.**

Please consider at least one area where you can volunteer your time.

Any training, supplies and/or support will be provided!

# GOD gave us all Talents and Gifts... SHARE YOURS

## *Become a VOLUNTEER!!*

During CCE (Wednesdays from 6:15 – 8:00 p.m.)

☐ Catechist (Teacher)

☐ Catechist's aide/helper

☐ Substitute

☐ Parking Lot Monitor (1 month of making sure our children are safe!)

☐ Hall Monitor (1 month of picking up attendance sheets and keeping the hallways clear)

☐ End of class Release Monitor (assist students to transportation at end of class)

**The only qualification you need is SAFE ENVIRONMENT TRAINING.**

**Please contact the rectory to sign up or for more information.**

☐ My Safe Environment Training is current.

☐ I need Safe Environment Training. (**NEW**      **RENEWAL**      **RECERTIFICATION**) (circle one)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Student's Name(s)

For more information on any of the above, please call the Rectory at 543-3770