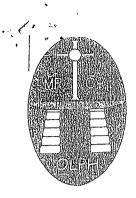
2022-2023	erpetual Help 🔲 St. John the Apostle	C.C.E. Registration Form	Phone # 979-548-2020
			en e
✓ Check One: Registered	Registered Parishioner	Non- Registered Parishioner ☐ OLPH	r□OLPH□SJA
Fees: \$30	\$30 for 1 child \$15 for each child after	Fees: \$ 35 for 1 child	\$20 for each child after
PLEASE PRINT CLEARLY:			
PRIMARY PHONE #	PRIMARY E-MAIL:		
Father's Name:	Mother	Mother's Name:	
First Name	Last Name	First Name	Last Name
Cell Phone #	Work Phone #	Cell Phone #	Work Phone #
E-mail Address		E-mail Address	
Mailing Address:			
Street	Apartment #	City / Zip Code	Code
Child Lives With:	Relationship: [Grandmother, Aunt, I	Aunt, Mother, Father, etc.]	
Emergency Contact: [Not in Household]Name	Relationship	10 digit phone #	##
Volunteer Information:	*Please check all areas that you would consider helping in*	sider helping in*	Grade Level Preference
☐ Catechist / Teacher ☐ Classroom Aide	☐ Substitute Teacher / Aide	☐ Sacramental Preparation ☐ Other:	
FOR OFFICE USE ONLY		Church ID#	
TOTAL FEES DUE: \$	FEES Paid: ☐Yes ☐No ☐ Check#	☐ Cash ☐ ☐ Bal	☐ Balance Due
Liability/Medical Forms Received? ☐ Yes ☐ Policies Acknowledgement Form Received?	⊒ No □ Yes □ No Baptism	**Copy of Sacrament Certificate Received / On File** ☐ Yes ☐ No	On File** Confirmation ☐ Yes ☐ No

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* Allergy/Medical Condition / Special Needs	R.C.I.A. Candidate	R.C.I.A. Candidat	eceived apply]	Sacraments Received [Circle all that apply]	Sacra [Circ	Grade	Date of Birth M / D / Y	<b>Gender</b> Male / Female	List Name of Student In order of OLDEST to YOUNGEST

Mother / Father / Legal Guardian's Signature Date	Medical Insurance Company	Physician Name and Number	Parent / Guardian Telephone Number		*Please list any additional information that will help us serve your child/children better. This information		·								List Name of Student In order of OLDEST to YOUNGEST
ardian's Signature	ny and Policy Number	er ,	one Number		vill help us serve	M or F	M or F	M or F	M or F	M or F	M or F	M or F	M or F	M or F	Gender Male / Female
Date	umber				∍ your child/child									-	Date of Birth M / D / Y
			. [	,	dren better. This										Grade
			Emergency		informatio	В	₩	Б	В	œ	œ	œ	œ	₩	Sacram [Circle
Date:			y Telephor		n will rem	C	ဂ	C	C	င	င	0	၁	C	Sacraments Received [Circle all that apply]
			Telephone Number	1	will remain confidential.	CF	CF	CF	CF	CF	CF	CF	유	얁	ceived lpply]
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						z	Z	z	Z	z	z	z	Z	Z	R.C.I.A. Candidate
															* Allergy/Medical Condition / Specia Needs





# Our Lady of Perpetual Help And Saint John the Apostle

310 North McKinney Street Sweeny, Texas 77480 Office: 979-548-2020 Fax: 979-548-4253



### LIABILITY RELEASE FORM

Release of All Claims

PRE-K (age 4), Kindergarten (age 5), First Grade through 12<sup>th</sup> Grade

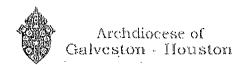
In consideration for being accepted by Our Lady of Perpetual Help and/or St. John the Apostle churches for participation in the Continuing Christian Education Programs, we (I), being 21 years of age or older, do for ourselves (myself) [and for and on behalf of my child-participant(s) if said child(ren) is not 21 years of age or older do hereby release, forever discharge and agree to hold harmless Our Lady of Perpetual Help Church and/or St. John the Apostle Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant(s) that occur while said child(ren) is participating in the above described program or activity.

Furthermore, we (I) [and on behalf of our (my) child-participant(s) if under the age of 21 years] here-by assume all risk of personal injury, sickness, death, damage and expense as a result of participation in programs, recreation, and work activities involved therein.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) are the parent(s) or legal guardian(s) of this participant(s), and hereby grant our (my) permission for him (her) to participate fully in said programs, and hereby give our (my) permission to take said participant(s) to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant(s) to return home due to medical reasons, disciplinary action or otherwise we (I) hereby assume all responsibility for transportation.



### PARENT/GUARDIAN RESPONSIBILITIES:

As a parent or guardian of a child enrolled in the Continuing Christian Education Program at Our Lady of Perpetual Help or St. John the Apostle, I am (we are) responsible for the safety of our child or children to and from their classroom.

As a parent or guardian of a child enrolled in the Continuing Christian Education Program at Our Lady of Perpetual Help or St. John the Apostle, I (we) recognize the physical dangers of dropping off and/or picking up our child in the parking lot.

Regardless of whether you are the parent/guardian of children enrolled in the Wednesday & Sunday Sessions, age 4 through 12<sup>th</sup> Grade: <u>Please pick up your child on time</u>. For the <u>personal safety</u> of your child, you must meet your child at the classroom at the end of class. Please come in person. Teachers are to release students <u>ONLY TO PARENTS</u>.

As a parent or guardian of a child enrolled in the Continuing Christian Education Program at Our Lady of Perpetual Help or St. John the Apostle, I am (we are) responsible to make sure class is being held by verifying the date with the Continuing Christian Education Calendar that is provided at the beginning of each school year.

As a parent or guardian of a child enrolled in the Continuing Christian Education Program at Our Lady of Perpetual Help or St. John the Apostle, I am (we are) responsible for filling out and returning the LIABILITY RELEASE FORM and \*ACKNOWLEDGEMENT RECEIPT before my child/children can attend CCE classes at Our Lady of Perpetual or St. John the Apostle Church.

If your address or telephone number changes, notify the office immediately! It is especially important to have current contact information in case of an emergency.

Thank you for your cooperation in these important procedures.

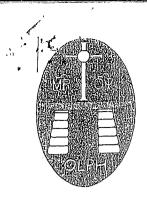
\*Please sign acknowledgement of receipt:

You will receive a copy of this page

Child's/Children's Name/s and grade as of August

Child's Name	Grade	Child's Name	Grade
•			

Parent's/Parents' Name: (Please Print)	
*Parent Signature:	Date:



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Your Copy to Keep

Archdiocese of Galveston - Houston

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\*Please sign acknowledgement of receipt:

You will receive a copy of this page

Child's/Children's Name/s and grade as of August

Child's Name	Grade	Child's Name	Grad
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V			
		,	
Parent's/Parents' Name: (Please Print)		<del></del>	
·			
*Parent Signature:		Date:	