St. Francis Xavier Catholic Church 2025-2026 CCE Registration Form Pre-K (Age 4) through High School

Student Information (BIRTH CERTIFICATE & BAPTISMAL CERTIFICATE ARE REQUIRED IF NOT RECEIVED PREVIOUSLY)

Student Name:				Gender: M/F
Student Name:	e Age (as of 0/22/25	Last Name		
School:				
Sacraments received in Catholi	ic Church: (please check all appli	icable) (LOCATI	ON SACRAMENT W	AS RECEIVED)
Profession of Faith/Baptism	Reconciliation	_ Eucharist_	Confirm	ation
Did this child attend CCE last	year? Yes No)	_	
If yes, at St. Francis Xavier? _	If no, Location			
Member Information				
Father's Name:				
Father's Mailing Address		City/S	tate/Zip	
Home Phone:	Work Phone:		Cell Phone:	
E Mail Address				
L Man Audi C55	· · · · · · · · · · · · · · · · · · ·			
Sacraments received in Catho				
Sacraments received in Cathol Profession of Faith/Baptism_			Confirmation	Marriage
Profession of Faith/Baptism_	Reconciliation Euc	charist		
Profession of Faith/Baptism Mother's Name: First Name	Reconciliation Euc	Charist(Maiden Nan	Religion:	
Profession of Faith/Baptism_	Reconciliation Euc	Charist(Maiden Nan	Religion:	
Profession of Faith/Baptism Mother's Name: First Name	Reconciliation Euc	charist(Maiden Nan	Religion:	
Profession of Faith/Baptism Mother's Name: First Name Mother's Mailing Address Home Phone:	Reconciliation Euc Last Name Work Phone:	charist(Maiden Nan	Religion:	
Profession of Faith/Baptism Mother's Name: First Name Mother's Mailing Address Home Phone: E Mail Address	ReconciliationEuc Last Name Work Phone:	(Maiden Nan	Religion:	
Mother's Name: First Name Mother's Mailing Address Home Phone: E Mail Address Sacraments received in Cathology	Last Name Work Phone:	charist (Maiden Nan City/S	Religion: ne) State/Zip Cell Pho	one:
Profession of Faith/Baptism Mother's Name: First Name Mother's Mailing Address Home Phone: E Mail Address	Last Name Work Phone:	charist (Maiden Nan City/S	Religion: ne) State/Zip Cell Pho	one:
Mother's Name: First Name Mother's Mailing Address Home Phone: E Mail Address Sacraments received in Cathol Profession of Faith/Baptism	Last Name Work Phone: Church: (please check all app. Reconciliation E	charist (Maiden Nan City/S	Religion: ne) State/Zip Cell Pho	one:
Mother's Name: First Name Mother's Mailing Address Home Phone: E Mail Address Sacraments received in Cathol Profession of Faith/Baptism Emergency Contact Information	Last Name Work Phone: lic Church: (please check all app Reconciliation E	charist (Maiden Nan City/S licable) Eucharist	Religion: ne) State/Zip Cell Pho Confirmation _	one:Marriage
Mother's Name: First Name Mother's Mailing Address Home Phone: E Mail Address Sacraments received in Cathol Profession of Faith/Baptism Emergency Contact Information	Last Name Work Phone: lic Church: (please check all app Reconciliation E	charist (Maiden Nan City/S licable) Eucharist	Religion: ne) State/Zip Cell Pho Confirmation _	one:Marriage
Profession of Faith/Baptism Mother's Name:	Last Name Work Phone: Reconciliation Euc Last Name Work Phone: Reconciliation E tion (Other Than Parent)	(Maiden Nan City/S licable) Eucharist P	Religion: ne) State/Zip Cell Pho Confirmation _	one: Marriage
Profession of Faith/Baptism Mother's Name:	Last Name Work Phone: Bic Church: (please check all app. Reconciliation E tion (Other Than Parent)	(Maiden Nan (Maiden Nan City/S licable) Eucharist P e Alternate P	Religion: ne) State/Zip Cell Pho Confirmation _	one: Marriage
Profession of Faith/Baptism Mother's Name:	Last Name Last Name Work Phone: Reconciliation Reconciliation Edition (Other Than Parent) First Name Last Name horized to pick up your child	(Maiden Nan (Maiden Nan City/S licable) Eucharist P e Alternate P	Religion: Phone: Phone:	one: Marriage

CONTINUE ON BACK

Parents/Guardians: Please list ALL medical conditions/allergies/special health information including Bouts with Depression and anxiety:
Does your child possess any medical issues that we need to be aware of, such as: Sickle Cell, Diabetes ADD, ADHD, Autism or Asthma? Please list ANY medications (prescription or non-prescription) you would like us to be aware of:
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.
Signed: Date:
Fees: In order to build and maintain a successful CCE program we must require fees for CCE. The registration fees help pay for books, class supplies, teacher training, etc.
The CCE registration fee is \$25.00 per child.
A late fee of \$15.00 will be charged after December 8, 2025.
If your child is preparing for a Sacrament the following administration fee will be: \$70.00 for Communion (2 nd year only) and \$150.00 for Confirmation (2 nd year only) per child.
Church Ministries As part of the CCE program, we are instituting and encouraging our young people to use their talents and abilities in the service of God and His Church. Therefore, CCE students will participate in church ministries that you and your child may choose from:
Altar Server Jr. Lector Jr. Minister of Hospitality Youth Ministry Youth Choir
Parent Volunteerism The first teacher of our students is the parent. We certainly do believe that you have some talents and abilities, and we would greatly appreciate all of your wisdom and assistance. Please indicate below how you would like to help.
CCE Catechist Aide Chaperone Door Attendant
For Office use only:
Payment: Cash Check No Date Received Receipt # Received by
Administration Fees Due?NoYes If yes, which Sacrament?,
Special Instructions (parent/guardian):
CCE Office:
CCL Office.