St. Francis Xavier Catholic Church
2022-2023 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**
       First Name   *Last Name*

Birthday: _____ **Age** *(as of 8/20/22)***:** _____ **Grade** *(2022/2023)***:** _____

School: _____

Sacraments received in Catholic Church: *(please check all applicable)* (LOCATION SACRAMENT WAS RECEIVED)

Profession of faith/Baptism_____ **Reconciliation**_____ **Eucharist**_____ **Confirmation** _____

Did this child attend CCE last year? Yes_____   **No**_____

If yes, at St. Francis Xavier? _____

Member Information

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

Father's Mailing Address_____ **City/State/Zip** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

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*   *(Maiden Name)*

Mother's Mailing Address_____ **City/State/Zip** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

E Mail Address _____

Sacraments received in Catholic Church: *(please check all applicable)*
Profession of faith/Baptism_____ **Reconciliation**_____ **Eucharist**_____ **Confirmation** _____ **Marriage**_____

Emergency Contact Information *(Other Than Parent)*

Emergency Contact Name: _____ **Phone:** _____
              First Name   *Last Name*

Relationship: _____ **Alternate Phone:** _____

Other than a parent, who is authorized to pick up your child?

Name: _____ **Relationship:** _____
              First Name   *Last Name*

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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, 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 of 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 helps pay for books, class supplies, teacher training, etc.
The CCE registration fee is $25.00 per child and $35.00 per family.
 A late fee of $15.00 will be charged after **December 10, 2022**. If your child is preparing for a
Sacrament the following administration fees will be, $55.00 for Communion (2nd year only) and
$105.00 for Confirmation (2nd 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_____

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 lik to help.

CCE Catechist_____   Aide_____   Charperone_____   Door Attendant _____