St. Francis Xavier Catholic Church
2019-2020 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 8/26/19)***:** _____ **Grade** *(2019/2020)***:** _____

School: _____

Sacraments received in Catholic Church: *(please check all applicable)*

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*

_____   _____

Parent/Guardian   **Date**

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: _____**

For Office use only:

Payment:

Cash_____   Check No. _____   Date Received _____   Receipt # _____Received by _____

Administration Fees Due? ___No ___Yes If yes, which Sacrament? _____, _____

Special Instructions (parent/guardian):

_____

_____

_____

CCE Office:

_____

_____