

**St. Francis Xavier Catholic Church  
2021-2022 CCE Registration Form  
Pre-K (Age 4) through High School**

**Student Information (BIRTH CERTIFICATE & BAPTISMAL CERTIFICATE ARE REQUIRED)**

Student Name: _____	Gender: M/F	
<small>First Name</small>	<small>Last Name</small>	
Birthday: _____	Age (as of 9/1/21): _____	Grade (2021/2022): _____
School: _____		

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

Profession of Faith/Baptism \_\_\_\_\_ Location \_\_\_\_\_ Reconciliation \_\_\_\_\_ Location \_\_\_\_\_

Eucharist \_\_\_\_\_ Location \_\_\_\_\_ Confirmation \_\_\_\_\_ Location \_\_\_\_\_

Did this child attend CCE last year? Yes \_\_\_\_\_ No \_\_\_\_\_ Location \_\_\_\_\_

**Member Information**

Father's Name: _____	Religion: _____			
<small>First Name</small>	<small>Last Name</small>			
Father's Mailing Address _____	City/State/Zip _____			
Home Phone: _____	Work Phone: _____	Cell Phone: _____		
E Mail Address _____				
<b>Sacraments received in Catholic Church: (please check all applicable)</b>				
Profession of faith/Baptism _____	Reconciliation _____	Eucharist _____	Confirmation _____	Marriage _____

Mother's Name: _____	Religion: _____			
<small>First Name</small>	<small>Last Name</small>	<small>(Maiden Name)</small>		
Mother's Mailing Address _____	City/State/Zip _____			
Home Phone: _____	Work Phone: _____	Cell Phone: _____		
E Mail Address _____				
<b>Sacraments received in Catholic Church: (please check all applicable)</b>				
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 \_\_\_\_\_

**CONTINUE ON BACK**

**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, Corona Virus?**  
\_\_\_\_\_

**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 collected helps pay for books, class supplies, teacher training, etc. The CCE registration fee is \$25 for one child and \$35 per family. **A late fee of \$15 will be charged after December 7, 2021.** If your child is preparing for a sacrament, the following administration fees will be, \$55 for Communion (2<sup>nd</sup> year only), and \$105 for Confirmation (2<sup>nd</sup> year only) per child.

### **Church Ministries**

As a 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 on Youth Sunday (4<sup>th</sup> Sunday) at the 10 a.m. Mass of each month. Below is a list of some church ministries that you and your child may choose from:

Altar Server \_\_\_\_\_ Jr. Lector \_\_\_\_\_ Jr. Minister of Hospitality \_\_\_\_\_ Youth Choir \_\_\_\_\_ Youth Ministry \_\_\_\_\_

### **Parent Volunteerism**

The first teacher of our CCE 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 \_\_\_\_\_ Substitute \_\_\_\_\_ Office Helper \_\_\_\_\_

Event Worker \_\_\_\_\_ Chaperone \_\_\_\_\_ Door Attendant \_\_\_\_\_

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:  
\_\_\_\_\_  
\_\_\_\_\_