

CORPUS CHRISTI CATHOLIC CHURCH FAITH FORMATION
2016-2017-Student Information Form / One form per student

OFFICE USE ONLY

Today's Date _____ / _____ / _____

Family Last name _____

Student's Last Name _____ First Name _____ Middle Name _____ Gender _____ Date of Birth _____ / _____ / _____

School student attends _____ Student email address *(if in grades 6th-12th)* _____ **Grade entering Fall (2016-2017)** _____

Mother's Name *(or guardian's name)* _____ Phone Number _____ email address _____

Father's Name *(or guardian's name)* _____ Phone Number _____ email address _____

Emergency Contact _____ Phone Number _____ email address _____
 Indicate relationship to child _____

Student lives with Mother _____ Father _____ Both _____ Other _____

If other than parents, please describe relationship (i.e. *grandparent, aunt, step-parent, etc*) _____

Did student attend CCE or religion class last year-2015-2016? YES _____ NO _____ *If yes, please tell us where* _____

Church *(or Catholic School)* _____ City _____ State _____
(Please bring letter of attendance from previous year, if child did not attend Corpus Christi Church or School)

Please mark sacraments received and year

Baptism ___ year _____ **Communion** ___ year _____ **Confirmation** ___ year _____

STUDENTS CELEBRATING THE SACRAMENT OF COMMUNION OR CONFIRMATION MUST PROVIDE A COPY OF THE BAPTISMAL CERTIFICATE AT TIME OF REGISTRATION / RCIA STUDENTS SHOULD PROVIDE BIRTH CERTIFICATE.

Indicate which class your child will attend

Pre-Kinder to 5th
Class in English - Sunday
 9:15am-10:45am _____

Pre-Kinder to 5th
Class in Spanish - Sunday
 11:45am - 1:15pm _____

6th to 12th
Class in English/Spanish - Sunday
 5:00pm-6:30pm _____

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In 2016-2017

This Child will celebrate the sacrament of:

First Reconciliation /Eucharist _____

Confirmation _____

RCIA II _____

Student's Last Name _____ First Name _____ Middle Name _____ Gender _____ Date of Birth ____/____/____

Consent and liability waiver

I _____, grant permission for my child, (participant's name) _____ to participate in CCE/Faith Formation and/or Sacramental programs held in the 2016-2017 catechetical year at Corpus Christi Church. I agree on behalf of myself, _____, not to hold Corpus Christi Catholic Community, the Archdiocese of Galveston Houston, or their agents liable for any accident or injury which may occur. In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge.

Parent/Guardian Signature _____
Date

Student Participant: in signing the line below I agree to abide by any/all policies and rules established by the CCE program/ Faith Formation/and/or Sacramental Formation. Should I not be able to maintain the guidelines and expectations of the adults and my peers. I understand there will be consequences for my actions. Consequences stated in CCE Handbook.

Student's Signature _____
Date

Video/Photography Consent

As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video, etc.) in highlighting events of the Faith Formation Program.

Parent/Guardian Signature _____
Date

Primary Language spoken by Student at home English _____ Spanish _____ Both _____ Other Language _____

Does this student have special needs or will benefit from accommodations in the classroom?

No _____ Yes _____ if yes, please describe

Is there anything else we need to know or you would like us to know about your child?

(i.e. medication, talents, etc)

Are there foods student must not eat or drink? If so please name them: _____

STUDENT RELEASE INFORMATION
 PLEASE make sure that you complete the following information

I, _____, parent/guardian authorize these individuals (**other than myself**) to pick up my child from Corpus Christi CCE class.

NAME	RELATIONSHIP	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For the safety of our children, the following individuals **MAY NOT** pick up my child(ren) under ANY circumstances.

NAME	RELATIONSHIP	PHONE NUMBER
_____	_____	_____
_____	_____	_____

My child is of driving age and has my permission to drive him/ herself to and from class: _____ (parent's initial)

My child can walk home with my authorization _____ (parent's initial)

Signed: _____ Date: _____

All authorized persons must show a picture ID or some type of valid identification