

CCD FAMILY REGISTRATION FORM

Sacred Heart Religious Education Program
P.O. Box H, Hallettsville, Texas 77964
361-798-3124

Registration Fees: \$30.00 for 1 child; \$40.00 for 2 children; \$50.00 for 3 or more children.

Additional Fees: \$10.00 for 1st Communion (2nd Grade) and Confirmation (11th Grade) .

Non-Parish Member Fee: Additional \$20.00 per student if not a member of Sacred Heart Church.

Birth Father _____ **Religion** _____ **Church** _____

Birth Mother _____ **Maiden Name** _____ **Religion** _____ **Church** _____

Marital Status: Married Divorced Separated **Child(ren) Live with:** Mother Father Both

Mailing Address for Child(ren): _____

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

E-mail: _____

Step Father: _____ **Church:** _____

Step Mother: _____ **Church:** _____

Child's Name: _____ **Gender:** _____ **Grade:** _____ **Date of Birth:** _____
Last Middle First

Place of Birth: _____ **Age:** _____

Baptismal Date: _____ **Baptismal Church:** _____

Church Address: _____

First Reconciliation/Confession Date: _____ **Church:** _____

First Communion Date: _____ **Church:** _____

Child's Name: _____ **Gender:** _____ **Grade:** _____ **Date of Birth:** _____
Last Middle First

Place of Birth: _____ **Age:** _____

Baptismal Date: _____ **Baptismal Church:** _____

Church Address: _____

First Reconciliation/Confession Date: _____ **Church:** _____

First Communion Date: _____ **Church:** _____

Child's Name: _____ **Gender:** _____ **Grade:** _____ **Date of Birth:** _____
Last Middle First

Place of Birth: _____ **Age:** _____

Baptismal Date: _____ **Baptismal Church:** _____

Church Address: _____

First Reconciliation/Confession Date: _____ **Church:** _____

First Communion Date: _____ **Church:** _____

If a child was not baptized at Sacred Heart Church please send a copy of his/her Baptismal Certificate with registration.

RETURN THIS FORM WITH REGISTRATION FEE MEDICAL RELEASE FORM ON BACK COMPLETED. ONE FORM FOR THE FAMILY.
Sacred Heart Catholic Church, Hallettsville, Texas

PERMISSION FORM/MEDICAL RELEASE

NAME of Child/Children: _____

Address _____ City _____ State/Zip _____

Parish _____ Phone (Home) _____ WK _____

I request and give my consent for my child/children, _____ to participate in all church/school sponsored activities from September 1, 2023 through August 29, 2024, sponsored by Sacred Heart Parish and/or by the Diocese of Victoria. I understand that my son/daughter will be under the supervision of diocesan and/or parish/school personnel. I give my permission to the personnel in charge of the activity to search my child's belongings, bag, backpack, or other container as deemed necessary. As parent or legal guardian I agree to defend, indemnify and hold harmless the Diocese of Victoria and Sacred Heart Parish Hallettsville, its clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries, illness and/or other damages arising out of my son/daughter's participation in the above mentioned activity or during the transportation to and from the event. I grant permission for non-prescriptive medication (e.g. Tylenol, throat lozenges, cough syrup, Pepto-Bismol, etc.) and routine nonsurgical medical care to be given to my son/daughter if deemed advisable by the supervising diocesan and/or parish personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located.

_____ *(please initial for consent) Photo Disclaimer:* I hereby give permission for my son/daughter to be photographed or video taped. I realize that the photo may be published in the newspaper, a magazine, or other publication. The video may be used for educational purposes or informational purposes regarding programs or curriculum. A picture may be taken for a craft momento.

| | | |
|------------|-----------------------------------------|--------------|
| Date _____ | Parent/Legal Guardian's Signature _____ | Cell # _____ |
|------------|-----------------------------------------|--------------|

Family Physician _____ Phone _____

Address _____ City/State/Zip _____

List any allergies by child: _____

List meds taken by student/s: _____

This medication is for: _____

Last immunization/booster for Diptheria/Tetanus: _____

Any specific medical problems: _____

Any physical limitations: _____

In an emergency, if unable to reach parent/guardian, please contact:

Name _____ Relation _____ Phone _____ Cell Phone _____

Name of Insurance Company _____ Phone _____

Address _____ City/State/Zip _____

Name of Insured _____ Policy # _____ Group/Plan # _____

_____ My child has a valid driver's license and may drive to and from events. (Please initial)