

St. Mary's Church  
402 S. Main St.  
Victoria, Tx 77901

Attached is the Registration Form for 2017-18 CCD year. Please fill out carefully, legible and with good phone numbers.

If your child is entering the second or ninth grade (Sacrament Classes), attach their Baptism Certificate.

Register by June 1st - \$15.00 per student.

June 2nd - July 31 - \$30.00 per student

August 1 - & after - \$40.00 per student (only if there is room)

Consider helping our program by being a teacher aide or teacher. We always need more help.

Sincerely,  
Diana Starnes, PCL  
361-550-9533

ST. MARY'S  
P.O. BOX 2448  
VICTORIA, TX 77902  
361-573-4328

### STUDENT REGISTRATION FORM

(One form per child)

1. Complete all information below and SIGN in the space provided below. ALL SACRAMENT STUDENTS SHOULD ATTACH A COPY OF THEIR BAPTISM CERTIFICATE.
2. Make check payable to St. Mary's Church and staple to the Registration Form in the amount of \$15.00 per student prior to June 1<sup>st</sup>. Late Registration June 2<sup>nd</sup>-July 30<sup>th</sup> 30.00/student. No Late Registrations on 1<sup>st</sup> day of classes. Final registration 2<sup>nd</sup> week of classes if space available \$40.00/student.
3. Completed forms with payment may be dropped off at the Rectory or mailed to St. Mary's Church, P.O. Box 2448 Victoria, TX. 77902
4. Return Forms by the deadline to avoid late charges. REMEMBER: Complete & SIGN at bottom.
5. SACRAMENT CANDIDATE REGISTRATION BY APPOINTMENT ONLY CONTACT: DIANA STARNES 361-550-9533

Student Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Name of School: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail \_\_\_\_\_

Registered Parish \_\_\_\_\_ City/State \_\_\_\_\_

Has child attended CCD before? Yes / No If so, where? \_\_\_\_\_ Grades attended \_\_\_\_\_

Has child been Baptized? Yes or No Baptismal Parish \_\_\_\_\_ City/St \_\_\_\_\_

Has child received First Reconciliation & First Communion? Yes or No Parish \_\_\_\_\_

Has child received Confirmation? Yes or No Parish \_\_\_\_\_

#### Building/Classroom Rules/Dress Code

1. No running; watch and walk on the right side of halls/staircases.
2. Quiet, orderly behavior is expected in all areas of the building, including restrooms.
3. Keep hands, feet and objects to yourself; profane language and unkind comments are not allowed.
4. Obey and respect your teachers; pay attention and work quietly and bring proper materials to class.
5. Do not sit on tables or desktops.
6. NO CELL PHONES IN CLASS THIS WILL BE STRICTLY ENFORCED If caught in violation a \$50.00 return fee will be charged.
7. Holy Water, which reminds us that we are baptized members of God's family, must be treated with respect.
8. Obey the Dress Code. All students should dress modestly and according to public school dress code. No shoes with rollers.

My signature indicates that

- ❖ All information provided above is accurate and complete.
- ❖ I have read the Building and Classroom Rules and Dress Code above and will discuss these rules with my child and insure that he/she abides by them.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

OFFICE OF YOUTH MINISTRY AND YOUNG ADULT MINISTRY  
DIOCESE OF VICTORIA IN TEXAS  
PERMISSION FORM/MEDICAL RELEASE

NAME \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
St/Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Parish \_\_\_\_\_

PARENT/LEGAL GUARDIAN'S NAME \_\_\_\_\_  
Address (if different than above) \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Wk (\_\_\_\_) \_\_\_\_\_

I request and give my consent for my son/daughter, \_\_\_\_\_ to participate in all church sponsored activities from \_\_\_\_\_ through \_\_\_\_\_, sponsored by \_\_\_\_\_ and/or by the Diocese of Victoria. I understand that my son/daughter will be under the supervision of diocesan and/or parish personnel. As parent or legal guardian I agree to defend, indemnify and hold harmless the Diocese of Victoria and \_\_\_\_\_, its clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries 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 personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located. I hereby give permission for my son/daughter to be photographed or video taped. I realize that the photo maybe published in the newspaper, a magazine, or other publication. The video may be used for educational purposes or informational purposes regarding programs or curriculum.

\_\_\_\_\_ Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

My son/daughter is allergic to: \_\_\_\_\_  
My son/daughter takes the following medication (name, dosage): \_\_\_\_\_  
This medication is for: \_\_\_\_\_ Medication that my son/daughter is allergic to: \_\_\_\_\_  
Any specific medical problems: \_\_\_\_\_ Last immunization/booster for Diphtheria/Tetanus: \_\_\_\_\_  
Any physical limitations: \_\_\_\_\_  
In an emergency, if unable to reach parent/guardian, please contact:

Name \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Name \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
City/St/Zip \_\_\_\_\_  
Name of Insured \_\_\_\_\_ Policy # \_\_\_\_\_  
Group or Plan # \_\_\_\_\_