



St. Robert Bellarmine Catholic Church

CCD Registration 2021-2022



CHILD'S INFORMATION:

Child's Full Legal Name: _____ CCD Grade Enrolling in: _____
 Date of Birth: _____ Place of Birth: _____ Gender: M F
 => Please check sacraments already received: Baptism First Communion Confirmation
 Date of Baptism: _____ Place: _____
 Date of First Communion: _____ Place: _____
 Date of Confirmation: _____ Place: _____

FAMILY INFORMATION:

Mother's Name: _____ Mother's Religion: _____
 Father's Name: _____ Father's Religion: _____
 Child lives with: Both Parents Mother Only Father Only Guardian _____
 Members of St. Robert's Parish: Yes No If no, Parish Name: _____
 Are you married by the Church?: Yes No If no, would you like to get married?: Yes No
 Mailing Address: _____ City: _____ Zip: _____
 Mother's Cell Phone #: _____ Father's Cell Phone #: _____
 Mother's Email Address: _____
 Father's Email Address: _____

EMERGENCY CONTACT INFORMATION:

In case of an emergency and we are unable to contact you — **Local contacts only:**
 Name: _____ Relationship to child: _____
 Phone: _____ Permission to pick-up?: Yes No
 Name: _____ Relationship to child: _____
 Phone: _____ Permission to pick-up? Yes No

PARENTAL/GUARDIAN CONSENT AND FAMILY AGREEMENT:

As a parent, I acknowledge the responsibility I have to pass on the Catholic faith to my child. I will share and model my relationship with Jesus with my child by praying daily with my child, bringing my child to Mass every Sunday, participating regularly, and by serving others.

By registering my child, I acknowledge that I have read the Rules for Parents and Students and agree to all that it contains. If I do not understand the CCD rules or have questions about Safe Environment, photo release, or any other policy, I will communicate with the parish office.

Parent/Guardian Name Printed: _____
 Parent/Guardian Signature: _____

For Office Use:

Date of Registration: _____ CCD Grade 2020-2021: _____

Baptismal Certificate Rules for Parents and Students Signed Adult Liability Waiver (Sacramentals)
 Youth Permission Form/Medical Release Video/Photo/Media/Audio Release

Registration - \$40/child, \$80/2 children, \$100/3 or more children \$ _____ Paid Check Cash Credit

St. Robert Bellarmine Catholic Church

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Confraternity for Christian Doctrine (CCD) **Rules and Expectations for Parents and Students**

Expectations:

- The Church recognizes parents as the primary educators of their children as they are the first teachers in their children's lives. According to the United States bishops, parents have the "right and duty" to be intimately involved in the sacramental preparation of their children. This obligation springs from the commitment made by the parents at the child's baptism to form them in the Catholic faith.
- All parents of children preparing to celebrate sacraments are expected to participate in attending Mass together, family formation classes, family experiences and the celebrations of the sacraments.
- Parents and students will be given a schedule for the year with the class dates.
- The registration fee for 28 classes of CCD is \$40 a child (\$80 for 2 children, \$100 for 3 or more children). This does not come close to covering our expenses for CCD.

Class Times for First Communion 1 & 2:

- Our First Communion 1 & 2 CCD classes will meet on Sunday mornings. Families will arrive for class before 11:45 AM. After this time, they are considered late and not be accepted into class. Late arrivals will be marked, and two late arrivals will count as an absence. With three unexcused absences the child will be dismissed from CCD. Parents, please talk to your child's teacher if they will be absent for any reason.
- Class will begin at 11:45 AM and will continue until 1 PM when we walk over for Mass and we sit together as a group. All are required to dress appropriately for Holy Mass. Those able to receive Communion will be receiving the Body of Christ and should dress and act accordingly. Parents, remember to fast for one hour before receiving Holy Communion and that chewing gum breaks the fast. After Mass, families will be dismissed.
- First Communion 1 & 2 children and parents are required to go to Mass every Sunday at 1pm as a family and are to observe the Holy Days of Obligation. If three masses are missed without explanation to the catechist, the student will be dismissed from the CCD program and will have to begin formation again the following year.

Class Times for Confirmation 1 & 2:

- Our Confirmation 1 & 2 CCD classes will meet on Sunday mornings. Families will arrive for Mass between 8:30 AM and 9:00 AM. All are required to dress appropriately for Holy Mass. Those able to receive Communion will be receiving the Body of Christ and should dress and act accordingly. Remember to fast for one hour before receiving Holy Communion and that chewing gum breaks the fast.
- Class will begin at 10:15 AM and will continue until 11:30 AM.
- With three unexcused absences the child will be dismissed from CCD. Parents, please talk to your child's teacher if they will be absent for any reason.
- Confirmation 1 & 2 children and parents are required to go to Mass every Sunday at 9am as a family and we sit together as a group also we are to observe the Holy Days of Obligation as well.
- If three masses are missed without explanation to the catechist, the student will be dismissed from the CCD program and will have to begin formation again the following year.

Classroom Rules:

- No gum, food or drink is allowed in the classrooms and teachers are not to bring snacks or drinks for the students.
- No weapons, drugs, cigarettes, or tobacco products are allowed at CCD.
- Children can bring cell phones to class, but if the student is found using his/her phone, then the teacher will take up the phone. The parent will then be required to get the phone from the teacher after paying a \$10 fine. The money will go directly to our CCD Fund.
- If a child is misbehaving in class, they are to be given a warning. If the misbehavior continues then they will be sent to the office. The parents will be called, and the teacher and parent are to meet after class before the child is dismissed. If a child is sent to the office three times during the school year the child will be dismissed from CCD.
- No child will be dismissed from CCD without meeting first with Fr. Philip, the parent and catechist.

Communication:

- Methods of communication from CCD will include church website postings, Facebook, and Flocknote. The office will periodically send messages through Flocknote regarding important events and meetings. By providing their cell phone numbers on the registration form, parents give consent to receiving text notifications from the program. In addition, any essential forms, documents, announcements, information, etc. will be posted on our website, <https://sanrobertochurch.org/>
- Furthermore, parents are asked to notify the office of any changes with emails, phone numbers, addresses, or any other issue affecting the student in order to keep the database up to date.

Emergencies and Cancellations:

- In the event of a weather situation or other event that causes cancellation of class, a Flocknote will be sent out. You will also find the information posted on our church Facebook page.

I have read and understood the above rules and will abide by them. I also agree to accept the consequences listed above if I or my child fail to observe these rules.

Signature of Parents

Signature of Child

Date





The Catholic Diocese of Victoria in Texas

YOUTH PERMISSION FORM/MEDICAL RELEASE

NAME _____ Gender _____ Grade _____

Address _____ City _____

St/Zip _____ Phone (____) _____ T-Shirt Size: _____

Age _____ Birthdate _____ Parish _____

PARENT/LEGAL GUARDIAN'S NAME _____

Address (if different than above) _____

Phone (____) _____ Cell (____) _____ Work (____) _____

I request and give my consent for my son/daughter, _____ to participate in all church/school sponsored activities from August 2021 through May 2022, sponsored by **St. Robert Bellarmine Catholic Church** 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 **St. Robert Bellarmine Catholic Church**, its clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries, illness, disease (e.g. COVID-19), 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.

_____ Date

_____ Parent's Signature

My son/daughter is allergic to: _____

My son/daughter takes the following medication (name, dosage): _____

This medication is for (medical condition): _____

Medication that my son/daughter is allergic to: _____

Last immunization/booster for Diphtheria/Tetanus: _____

Any specific medical problems: _____ Any physical limitations: _____

Family Physician Name: _____ Phone (____) _____

Address _____ City/State/Zip _____

Name of Insurance Company _____ Phone (____) _____

Address _____

City/St/Zip _____

Name of Insured _____ Policy # _____

Group or Plan # _____ I do not have insurance at this time.

Contacts in case of emergency and parent cannot be reached:

Name _____ Cell Phone (____) _____ Other Phone (____) _____

Name _____ Cell Phone (____) _____ Other Phone (____) _____

_____ My child may also be released to the emergency contact adults listed above after an event. (Please initial line)

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

_____ I understand it is my responsibility to read the Minimum Standard Health Protocols Checklist appropriate to my child's activity from the State of Texas website: <https://open.texas.gov/> (Please initial line). (REV 2/2021)



The Catholic Diocese of Victoria in Texas

Video/ Photo/ Media/ Audio Release

I hereby grant St. Robert's Catholic Church (School/Parish/Diocesan Entity) the right to make, use, and/or publish any and all videos, photos, media, audio, or other images of my minor child in which they may be included, now existing or hereafter made, in any case, with or without identifying (him/her) for editorial, advertising, news, social media, or any other purpose and in any manner and medium.

I hereby release and agree to fully and unconditionally defend, indemnify, and hold harmless St. Robert's Catholic Church (School/Parish/Diocesan Entity) and the Diocese of Victoria, its clergy, officers, Agents of the Church, employees and volunteers from any claims, costs or expenses for property damages, personal injuries, or other damages that may arise out of my minor child's participation.

I understand that all communication with my minor child will be directly related to an approved School/Parish/Diocesan Entity activity. In addition, I understand there will be no financial or other remuneration for recording my minor child in photos, videos, audio, or other images for initial or subsequent use, transmission, or playback.

I hereby give permission for my minor child to be in video/photos/media/audio/other images.
Parent/ Guardian Signature Date
I hereby do NOT give permission for my minor child to be in video/photos/media/technology/audio.
Parent/ Guardian Signature Date

Technology Release

Written parental/guardian permission to communicate via social media or other electronic communications with a minor must be obtained. Parents must be notified of the methods of communication, which are used in each particular ministry and MUST BE COPIED AND INCLUDED IN SUCH COMMUNICATIONS.

I hereby give permission for my minor child to be contacted through social media or other electronic communications.
Parent/ Guardian Signature Date
I hereby do NOT give permission for my minor child to be contacted through social media or other electronic communications.
Parent/ Guardian Signature Date

If permission is granted, list preferred method of contact for parent/legal guardian and minor child:

Table with 4 columns: Choice, Mode of Communication, Guardian Contact Information, Minor Child Contact Information. Rows include Text Messages, Email, and Cell Phone.



ADULT LIABILITY WAIVER

Every adult participant, including group leaders, chaperones, catechists, and other volunteers, working or volunteering with minors in any capacity must sign this form.

RELEASE OF LIABILITY

I, _____ (full name of adult participant), agree on behalf of myself, my heirs, assigns, executors, and personal representatives to hold harmless and defend _____ (parish/school), Diocese of Victoria, its officers, directors, agents, employees, or representatives from any and all liability for illness, disease (e.g. COVID-19), injury, or death arising from or in connection with my participation in the activity that may take place from _____ (start date) to _____ (end date).

MEDICAL RELEASE

In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered. Please advise the doctors that I have the following allergies:

Health Insurance Carrier: _____

Insurance ID Number: _____ Policy Number: _____

In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Name: _____

Relationship to me: _____

Daytime Phone: _____ Nighttime Phone: _____

Signature

Date

Printed Name