

# 2021/2022 CCD Registration Form

Census ID # \_\_\_\_\_

## Sts. Peter & Paul Religious Education Program

P.O. Box 610, Scott LA 70583 \* 235-2433 rectory \* 232-6167 CCD-leave message

NAME \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_ 2021/2022 CCD GRADE \_\_\_\_\_  
(last) (first) (full middle) (nickname)

DATE OF CHILD'S BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
(city/state)

SCHOOL ATTENDING IN 2021/2022 & SCHOOL GRADE LEVEL \_\_\_\_\_ / \_\_\_\_\_  
(name of school) (grade)

WHO DOES THIS CHILD LIVE WITH \_\_\_\_\_  
(full name of parents/guardians)

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ HER WORK PHONE \_\_\_\_\_ HIS WORK PHONE \_\_\_\_\_

### Contact Information

Her cell: \_\_\_\_\_ His cell: \_\_\_\_\_

Her EMAIL: (Please print): \_\_\_\_\_

His EMAIL: (Please print): \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ MOTHER'S MAIDEN NAME \_\_\_\_\_

**BAPTISM:** NAME OF CHURCH \_\_\_\_\_ CITY/ST \_\_\_\_\_ DATE \_\_\_\_\_

#### PUT A CHECK NEXT TO THE SACRAMENT(S) THAT YOUR CHILD HAS RECEIVED

\_\_\_\_\_ FIRST PENANCE (CONFESSION) \_\_\_\_\_ FIRST COMMUNION \_\_\_\_\_ CONFIRMATION

**NEW STUDENTS: INCLUDE A COPY OF THE STUDENT'S BAPTISMAL & FIRST COMMUNION CERTIFICATE; ALSO, A RECORD OF ATTENDANCE (EXCEPT FOR 1<sup>ST</sup> GRADERS) FROM THE PARISH YOUR CHILD ATTENDED LAST YEAR.**

DID YOUR CHILD ATTEND RELIGION CLASS HERE LAST YEAR? \_\_\_\_\_

IF NOT, WHERE DID THEY ATTEND? \_\_\_\_\_

IS YOUR FAMILY A REGISTERED MEMBER OF STS. PETER & PAUL CHURCH? YES \_\_\_\_\_ NO \_\_\_\_\_

#### WE NEED YOUR HELP! Please check off an area that you could help us in.

\_\_\_ Office Help \_\_\_ Teaching/Team Teaching \_\_\_ Substitute \_\_\_ Craft Projects \_\_\_ Traffic Control/Monitor

\_\_\_ \$35.00 PER CHILD-- ELEMENTARY REGISTRATION FEE \_\_\_ \$50 FOR 1ST COMMUNION STUDENTS

\_\_\_ **\$50 late fee per child (after August 20)** (this includes all retreat fees)

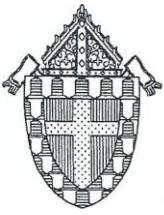
(If financial assistance is needed, please call Bethany or Janet at 232-6167).

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(By Parent/Guardian)

Please return this form to the Parish Office in person or by mail (P.O. Box 610, Scott LA 70583). Forms may also be dropped into the collection basket at mass. Please put *ELEMENTARY CCD REGISTRATION* on envelope if you use the collection basket.

If you have any questions for Elementary call Janet Hebert or Bethany Duplechin – 232-6167 and leave a message or email us at bdjhccd@gmail.com.



## PHOTOGRAPH/VIDEO/AUDIO/MEDIA CONSENT RELEASE FORM

I, \_\_\_\_\_, hereby consent to and authorize the Roman Catholic Diocese of Lafayette, Louisiana, (the Diocese), and all entities, representatives, employees, and agents operating under its authority to record, use, edit, reproduce, and/or publish photographs, video, audio, and/or other electronic images that may portray and/or relate to me, my image, likeness and/ or voice, without compensation.

I understand that these materials may be used in various print and electronic media, including but not limited to the Diocesan website and the Diocesan publication, Acadiana Catholic, or for other endeavors related to Diocesan interests. I understand that the Diocese may use and/or publish materials relating to me and/or use my name, photograph, voice, video images, and other media relating to me in any manner that the Diocese deems appropriate in order to promote and/or publicize its programs, or for any other lawful purpose.

This authorization shall not expire and will remain effective indefinitely until rescinded in writing. I hereby hold harmless and release the Diocese and all entities, representatives, employees, and agents operating under its authority from all claims, demands, and causes of action which I, my heirs, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of actions to which this authorization applies.

SIGNATURE/DATE: \_\_\_\_\_

PRINTED NAME/PHONE: \_\_\_\_\_