2023/2024 CCD Registration Form

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

Sts. Peter & Paul Religious Education Program

1110 Old Spanish Trail, Scott LA 70583 \* 337-235-2433 rectory \*337-232-6167 CCD-leave message

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEX\_\_\_ AGE\_\_\_ **2023/2024** CCD GRADE\_\_\_\_\_\_\_

(last) (first) (full middle) (nickname)

DATE OF CHILD’S BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(city/state)

SCHOOL ATTENDING IN 2023/2024 & 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 BIRTH, BAPTISM & FIRST COMMUNION CERTIFICATES (IF APPLICABLE); ALSO, A RECORD OF ATTENDANCE (EXCEPT FOR 1ST 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**

\_\_\_\_\_$50.00 PER CHILD-- ELEMENTARY REGISTRATION FEE \_\_\_\_\_\_$55 FOR 1ST COMMUNION STUDENTS

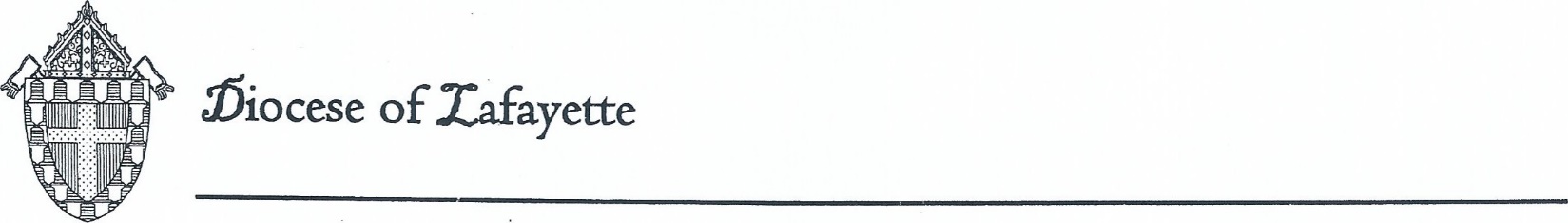
**\_\_\_\_ $50 late fee per family (after August 18**) (this includes all retreat fees)

*(If financial assistance is needed, please call Bethany or Janet at 337-232-6167).*

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(By Parent/Guardian)

Please return this form to the Parish Office in person or by mail (*1110 Old Spanish Trail, Scott LA 70583).* If you have any questions call Janet Hebert or Bethany Duplechin **–337-**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. Photo/Video Release Form, April, 2022

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

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

CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_