

**MARY QUEEN CATHOLIC CHURCH**  
606 Cedarwood Dr. \* Friendswood, TX 77546-4551 \* 281-482-1391 Extension 328

**Continuing Christian Education Student(s) Registration Form 2009-2010**

E-MAIL \_\_\_\_\_

***Please Print Clearly***

STUDENT'S LAST NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

STREET/P O BOX ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ SCHOOL DISTRICT: \_\_\_\_\_

FATHER'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ WORK# \_\_\_\_\_ CELL# \_\_\_\_\_

MOTHER'S/GUARDIAN'S LAST NAME: \_\_\_\_\_ FIRST NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ WORK # \_\_\_\_\_ CELL # \_\_\_\_\_

\_\_\_ Valid Church Marriage \_\_\_ Married Outside of Catholic Church \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Remarried \_\_\_ Single  
 \_\_\_ Parishioner \_\_\_ Non Parishioner

Were your student(s) enrolled in CCE during the 2008/09 school year? \_\_\_\_\_ (Name of Parish) \_\_\_\_\_

1. List students to be enrolled in C.C.E. by age, from youngest to eldest.
2. Indicate under Baptismal column (B) write "NC" if **child was baptized in another faith** other than Catholic
3. **Please** ✓ sacraments celebrated: **B** = Baptism **R** = Reconciliation **E** = Eucharist **C** = Confirmation

FIRST NAME	MIDDLE	BIRTH DATE	GRADE	B	R	E	C	SCHOOL NAME

**Please select a session for each registered student:**

**3 & 4 Yr Olds**

**Sunday**  
 \_\_\_ 9:30 am  
 \_\_\_ 11:30 am

**Kindergarten**

\_\_\_ Tuesday 4:00 pm  
 \_\_\_ Tuesday 5:30 pm  
 \_\_\_ Wednesday 4 pm  
 \_\_\_ Wednesday 5:30 pm

**Elementary (1-5)**

\_\_\_ Tuesday 4:00 pm  
 \_\_\_ Tuesday 5:30 pm  
 \_\_\_ Tuesday 7:00 pm  
 \_\_\_ Wednesday 4 pm  
 \_\_\_ Wednesday 5:30 pm  
 \_\_\_ Home Study

**Middle School (6<sup>th</sup>)**

\_\_\_ Tuesday 7 pm  
 \_\_\_ Home Study

**EDGE (7<sup>th</sup> & 8<sup>th</sup>)**

\_\_\_ Wednesday 6:45 pm  
 \_\_\_ Home Study

**LIFE TEEN – (9-12<sup>th</sup>)**

\_\_\_ Sunday 6:45-8:30 pm  
 \_\_\_ Tuesday 7:15-8:30 pm  
 \_\_\_ Home Study

**(Over Please)**

Have any of these students been diagnosed with a learning deficiency? \_\_\_NO \_\_\_YES If yes, please give student(s) name and explain below:

Is there any additional information which would be helpful to the student's catechist, i.e. physical handicaps, family crisis-divorce, separation, death, serious illness

**EMERGENCY AND MEDICAL INFORMATION**

IF PARENTS CAN NOT BE REACHED, PLEASE CONTACT THE FOLLOWING IN CASE OF EMERGENCY:

LAST/FIRST NAME: \_\_\_\_\_ HOME #: (\_\_\_\_) \_\_\_\_\_ CELL #:(\_\_\_\_) \_\_\_\_\_

RELATION TO STUDENT: \_\_\_\_\_ or WORK #: \_\_\_\_\_

Please give any relevant items from health record - especially food allergies and activity restrictions. Please name individual student(s).

It is understood that in the final disposition of an emergency case, the judgment of the pastoral offices and authority will prevail. The recommendation of the Parent/Guardian is indicated above, will be respected as far as possible. If at any time the above information must be changed, I will notify the Office for Religious Education in writing.

E-mail addresses and phone numbers will be provided to CCE Catechists/Volunteers to be used for CCE communications and will be done in conformity with the archdiocesan confidentiality policy as charged by the Virtus: Protecting God's Children Training.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE: \_\_\_\_\_

**AREA OF PARENT VOLUNTEER SERVICE**

Many volunteers are needed to make this program a success. Please share you time and talent and work with an age group that you would enjoy.

**Check your choice now so that we may alert you to Virtus class & other training sessions!**

- Catechist \_\_\_\_\_ (grade \_\_\_\_\_)      Reconciliation/First Eucharist Team \_\_\_\_\_
- Classroom Aide \_\_\_\_\_ (grade \_\_\_\_\_)      Confirmation Reception (possibly April, 2010) \_\_\_\_\_
- Nursery during CCE session \_\_\_\_\_      Assist with Youth Retreats    EDGE - Jr. Hi \_\_\_\_\_    LIFE TEEN - High School \_\_\_\_\_
- Children's Liturgy of Word \_\_\_\_\_      Parents for support of \_\_\_\_\_ EDGE \_\_\_\_\_ LIFE TEEN \_\_\_\_\_
- Office help during CCE session \_\_\_\_\_      Substitute \_\_\_\_\_ Catechist \_\_\_\_\_ grade(s)      Substitute \_\_\_\_\_ Aide \_\_\_\_\_ grade(s)
- Office help during week \_\_\_\_\_      Special Needs Buddy \_\_\_\_\_
- Hall Monitors during CCE session - Arrival \_\_\_\_\_ Dismissal \_\_\_\_\_

**TUITION AND FEES**

\$45.00 TUITION per student (\$150.00 maximum per family). . . . . Number of Students x \$45.00 = \_\_\_\_\_

\$75.00 TUITION per student (\$175.00 maximum per family) for Non-Parishioners. . . . . Number of Students x \$75.00 = \_\_\_\_\_

CASH PAYMENT: \_\_\_\_\_ YOUR CHECK #: \_\_\_\_\_ PLEASE BILL ME \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

*The pastoral policies of this parish recognize that each student has the right to Catholic formation and guarantees each student enrollment in the CCE program regardless of financial limitation. No student is denied participation due to funding. Scholarships/deferred billing/ installment payments are available options through the CCE Office.*