



PLEASE PRINT ALL INFORMATION ON THIS FORM

SACRAMENT REGISTRATION FORM

Student's Grade

As of 9/1/2021

Student's Last Name _____ **Student's First Name** _____ **Middle** _____

Address _____ **City** _____ **Zip Code** _____

Student's Birthdate _____ **School Presently Attending** _____

Is your child baptized? (Circle one) **Yes / No** **Church of Baptism** _____

Date of Baptism _____

*****Please note that a copy of your child's Baptismal Certificate is needed at the time of registration.
No child will be registered for a Sacrament class without their Baptismal certificate.*****

Does your student have any food allergies or medical conditions? _____

*******If yes, please list below all medications your student is currently taking, as well as allergies or other medical conditions such as, but not limited to: ADHD, ADD, Autism or Asthma. If you feel your student needs to have an aide, please contact the Director of Catechetical Ministry when you register.**



PARENT/GUARDIAN INFORMATION

Is the parent/guardian who is registering a St. Victor's Registered Parishioner? **Yes / No**

If No: Do you give us permission to change parish of Registration to St. Victor's Parish? **Yes / No**

Parent Status **(Circle One)** MARRIED DIVORCED SINGLE SEPARATED REMARRIED WIDOWED

MOTHER/GUARDIAN INFORMATION

Last Name _____ First Name _____ Maiden Name _____

Home Phone Number _____ Cell Phone Number _____

Address if different from student _____

Best e-mail address (Please print clearly) _____

FATHER/GUARDIAN INFORMATION

Last Name _____ First Name _____ Middle Name _____

Home Phone Number _____ Cell Phone Number _____

Address if different from student _____

Best e-mail address (Please print clearly) _____

Emergency Contact Information (other than parents/guardians)

Emergency Contact 1

Full Name _____

Address _____ City _____ Zip Code _____

Cell Phone Number _____ Relationship to student _____

Emergency Contact 2

Full Name _____

Address _____ City _____ Zip Code _____

Cell Phone Number _____ Relationship to student _____



FAMILY AGREEMENT FORM

I am signing this form in acknowledgement that I **will read or have read** and understand the handbook and all the information contained therein. I also acknowledge that I will abide by the policies set in force by St. Victor's Catechetical Ministry and Diocese of San Jose. **Further, I agree to keep all telephone numbers AND addresses for Emergency Contacts and our household current throughout the year.**

PARENT/GUARDIAN SIGNATURE _____

DATE _____

PHOTOGRAPH, VIDEO AND INTERNET i.e., EMAIL CONSENT

From time to time, we will be taking pictures, video taping youth ministry events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, parish website and virtual platforms such as YouTube or the St. Victor's Facebook page. We will not use the last names of any individual whose photos or videos are posted. If there are concerns about the pictures or videos posted, please contact us and they will promptly be removed.

I/We, the parent(s) of this registered child/youth authorize and give full consent, without limitation or reservation to St. Victor's Church, to publish any photographs or videos in which the above named student and/or pictures or videos of his/her parents appears while participating in any programs with St. Victor Church. If at any time I feel there are concerns about these pictures or videos, I am aware that I can contact the Youth Minister, Catechetical Ministry or webmaster at any time and they will promptly be removed.

(Circle One): **Approve** OR **Opt Out (*I do NOT give permission*)**

PARENT/GUARDIAN SIGNATURE _____

DATE _____

ZOOM VIRTUAL CONSENT

At any time, we may switch to virtual classes. I HEARBY GRANT CONSENT FOR MY CHILD TO PARTICIPATE IN ONLINE VIRTUAL CLASSES THROUGH ZOOM OR OTHER VIRTUAL PLATFORMS. Please note: A separate Diocesan virtual consent form will also need to be signed prior to participating in virtual classes online.

(Circle One): **Approve** OR **Opt Out (*I do NOT give permission*)**

Office Use Only

Student's Name

Env. # _____ Family ID _____ New SV Reg _____ Declined to Reg. (Full Fee): _____

Student Grade & Class: _____ First Year? _____

Wed _____ Sat _____ Tues Jr. High _____ Mon Pre/Con. 1 _____

Returning _____ New _____

SV Baptism _____

Notes: _____

Cash _____

Check # _____

Credit Card _____

SAC Fee: \$ _____

Jr. High Fee: \$ _____

Total Fees: \$ _____