PLEASE PRINT ALL INFORMATION ON THIS CARD

THIS FORM NEEDS TO BE KEPT CURRENT AT ALL TIMES throughout the year. One is needed for EACH student.

STUDENT INFORMATION:

Student Last Name _____ **Student First Name** _____ **Home Phone:** _____

Gender (Circle One): Male Female

Student Address: _____ **Student's Birthdate:** _____

_____

Student's Grade as of 9/2020: _____

SCHOOL: _____

▶ **PLEASE LIST BELOW ALL MEDICATIONS your student is currently taking, as well as allergies or other medical conditions** (***such as, but not limited to:*** A.D.H.D.; A.D.D.; Autism; Any physical or mental handicap; Down Syndrome, Asthma). **IF YOU FEEL YOUR STUDENT NEEDS TO HAVE AN AIDE, PLEASE EXPLAIN ON A SEPARATE PIECE OF PAPER AND SPEAK WITH COORDINATOR AS YOU REGISTER.** *****If your student(s) require ANY special needs, PLEASE let us know as you are registering them so we can assist you in giving your child the best Religious Education possible.*****

PARENT INFORMATION:

Is Parent who is registering student 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

BIRTH FATHER INFORMATION

Last Name _____ **First Name** _____

BIRTH MOTHER INFORMATION

Last Name _____ **First Name** _____ **Maiden Name** _____

EMAIL ADDRESS: _____

Address: _____

Work Number: _____

Cell phone: _____

EMAIL ADDRESS: _____

Address: _____

Work Number: _____

Cell phone: _____

STEP-FATHER OR GUARDIAN INFORMATION

Last Name _____ **First Name** _____

EMAIL ADDRESS: _____

Address: _____

Work Number: _____

Cell phone: _____

STEP-MOTHER OR GUARDIAN INFORMATION

Last Name _____ **First Name** _____

EMAIL ADDRE_____

Address: _____

Work Number: _____

Cell phone: _____

See Over ▶

EMERGENCY CONTACTS (*other than parents/guardians*)**:**

Last Name _____ **First Name** _____

Address: _____

Tel. Number: _____

Cell phone: _____

Relationship to Student: _____

Last Name _____ **First Name** _____

Address: _____

Tel. Number: _____

Cell phone: _____

Relationship to Student: _____

Parent/Guardian signature: _____

PART 1 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**

PART 2

PHOTOGRAPH/VIDEO AND INTERNET (i.e., EMAIL/INSTANT MESSAGE) CONSENT

From time to time, we will be taking pictures and 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 and the ministry website. To do this, we need both the students and the parents' consent. 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 on the website, please contact the youth ministry coordinator or webmaster, and they will promptly be removed.

I/We, the parent(s)/guardians of _____, 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 or grandparents appears while participating in any program with **St. Victor's 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 _____

I/We, the parent(s)/guardian(s) of _____, further give **St. Victor's Church** full consent, to communicate with my student(s) via Email, or Instant Message using The Diocesan or St. Victor's professional accounts only. Parental consents need to be obtained when communicating by email or instant messaging with minors and vulnerable adults. If at any time I feel there are concerns about these emails or instant messages, I am aware that I can contact the office of Catechetical Ministry and the issue will be addressed immediately.

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

Parent/Guardian Signature: _____ Date _____

This Area for Office Use Only

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

Student Grade & Class: _____ (First Year? ____)

Wed. _____ Sat. _____

Returning _____ New _____

Total Fees: $ _____

Fees Paid: - _____

BALANCE OWED: $ _____

Notes: _____

_____

_____

Cash: _____ Check #: _____

Date: