

CCE 2020 – 2021 school year
All classes on Wednesday night

Parents please understand these are tentative dates, that are subject to change. Please keep in contact with Mrs. Gina in reference to any questions about classes being canceled.

OLPH – all classes 6-7:30pm

SJA 1st-6th grade 3:50-5:30 & 7th-confirmation 6-7:30

| | |
|--|---|
| Sept 16 th | Jan 6 th |
| Sept 23 rd | Jan 13 th |
| Sept 30 th | Jan 20 th |
| Oct 7 th | Jan 27 th |
| Oct 14 th | Feb 3 rd |
| Oct 21 st | Feb 10 th |
| Oct 28 th | Feb 17 th (Ash Wednesday-cce for SJA 3:50 only) |
| Nov 4 th | Feb 24 th |
| Nov 11 th | Mar 3 rd |
| Nov 18 th | Mar 17 th |
| Nov 25 th (No CCE Thanksgiving break) | Mar 24 th |
| Dec 2 nd | Mar 31 st |
| Dec 9 th | April 7 th |
| Dec 16 th | April 14 th |
| | April 21 st |
| | April 28 th |

✓ Check One: _____ Registered Parishioner OLPH SJA _____ Non-Registered Parishioner OLPH SJA

Fees: \$ 25 for 1 child \$12.50 for each child after Fees: \$ 35 for 1 child \$12.50 for each child after

PLEASE PRINT CLEARLY:

PRIMARY PHONE # _____ **PRIMARY E-MAIL:** _____

Father's Name: _____ **Mother's Name:** _____

First Name _____ Last Name _____ First Name _____ Last Name _____

Cell Phone # _____ Work Phone # _____ Cell Phone # _____ Work Phone # _____

E-mail Address _____ E-mail Address _____

Mailing Address: _____ Street _____ Apartment # _____ City / Zip Code _____

Child Lives With: _____ Relationship: [Grandmother, Aunt, Mother, Father, etc.] _____

Emergency Contact: [Not in Household] _____ Name _____ Relationship _____ 10 digit phone # _____

Volunteer Information: _____ *Please check all areas that you would consider helping in* _____ Grade Level Preference _____

Catechist / Teacher Classroom Aide Substitute Teacher / Aide Sacramental Preparation Other: _____

FOR OFFICE USE ONLY _____ **Church ID #** _____

TOTAL FEES DUE: \$ _____ **FEES Paid:** Yes No Check # _____ Cash _____ Balance Due _____

Liability/Medical Forms Received? Yes No **Baptism** Yes No **Communion** Yes No **Confirmation** Yes No

****Copy of Sacrament Certificate Received / On File****

| List Name of Student In order of OLDEST to YOUNGEST | Gender Male / Female | Date of Birth M / D / Y | Grade | Sacraments Received <i>[Circle all that apply]</i> | | | R.C.I.A. Candidate | | * Allergy/Medical Condition / Special Needs |
|--|-------------------------|----------------------------|-------|---|---|----|-----------------------|---|---|
| | | | | B | C | CF | Y | N | |
| | M or F | | | B | C | CF | Y | N | |
| | M or F | | | B | C | CF | Y | N | |
| | M or F | | | B | C | CF | Y | N | |
| | M or F | | | B | C | CF | Y | N | |
| | M or F | | | B | C | CF | Y | N | |
| | M or F | | | B | C | CF | Y | N | |
| | M or F | | | B | C | CF | Y | N | |
| | M or F | | | B | C | CF | Y | N | |
| | M or F | | | B | C | CF | Y | N | |

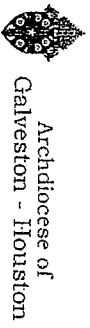
**Please list any additional information that will help us serve your child/children better. This information will remain confidential.*

Parent / Guardian Telephone Number _____ Emergency Telephone Number _____

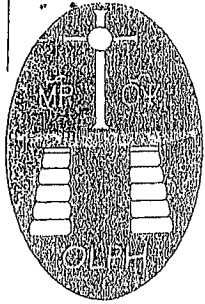
Physician Name and Number _____

Medical Insurance Company and Policy Number _____

Mother / Father / Legal Guardian's Signature Date _____ Date: _____



Archdiocese of
Galveston - Houston



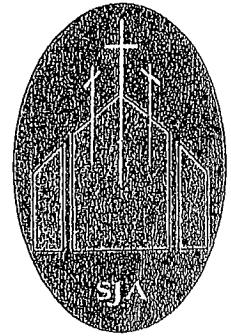
Our Lady of Perpetual Help

And

Saint John the Apostle

310 North McKinney Street Sweeny, Texas 77480

Office: 979-548-2020 Fax: 979-548-4253



LIABILITY RELEASE FORM

Release of All Claims

PRE-K (age 4), Kindergarten (age 5), First Grade through 12th Grade

In consideration for being accepted by **Our Lady of Perpetual Help** and/or **St. John the Apostle** churches for participation in the Continuing Christian Education Programs, we (I), being 21 years of age or older, do for ourselves (myself) [and for and on behalf of my child-participant(s) if said child(ren) is not 21 years of age or older] do hereby release, forever discharge and agree to hold harmless **Our Lady of Perpetual Help Church** and/or **St. John the Apostle Church** and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant(s) that occur while said child(ren) is participating in the above described program or activity.

Furthermore, we (I) [and on behalf of our (my) child-participant(s) if under the age of 21 years] here-by assume all risk of personal injury, sickness, death, damage and expense as a result of participation in programs, recreation, and work activities involved therein.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) are the parent(s) or legal guardian(s) of this participant(s), and hereby grant our (my) permission for him (her) to participate fully in said programs, and hereby give our (my) permission to take said participant(s) to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant(s) to return home due to medical reasons, disciplinary action or otherwise we (I) hereby assume all responsibility for transportation.



Archdiocese of
Galveston - Houston

PARENT/GUARDIAN RESPONSIBILITIES:

As a parent or guardian of a child enrolled in the Continuing Christian Education Program at Our Lady of Perpetual Help or St. John the Apostle, I am (we are) responsible for the safety of our child or children to and from their classroom.

As a parent or guardian of a child enrolled in the Continuing Christian Education Program at Our Lady of Perpetual Help or St. John the Apostle, I (we) recognize the physical dangers of dropping off and/or picking up our child in the parking lot.

Regardless of whether you are the parent/guardian of children enrolled in the Wednesday & Sunday Sessions, age 4 through 12th Grade: Please pick up your child on time. For the personal safety of your child, you must meet your child at the classroom at the end of class. Please come in person. Teachers are to release students ONLY TO PARENTS.

As a parent or guardian of a child enrolled in the Continuing Christian Education Program at Our Lady of Perpetual Help or St. John the Apostle, I am (we are) responsible to make sure class is being held by verifying the date with the Continuing Christian Education Calendar that is provided at the beginning of each school year.

As a parent or guardian of a child enrolled in the Continuing Christian Education Program at Our Lady of Perpetual Help or St. John the Apostle, I am (we are) responsible for filling out and returning the **LIABILITY RELEASE FORM** and ***ACKNOWLEDGEMENT RECEIPT** before my child/children can attend CCE classes at Our Lady of Perpetual or St. John the Apostle Church.

If your address or telephone number changes, notify the office immediately! It is especially important to have current contact information in case of an emergency.

Thank you for your cooperation in these important procedures.

*Please sign acknowledgement of receipt:

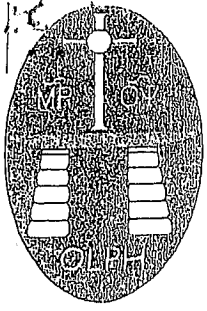
You will receive a copy of this page

Child's/Children's Name/s and grade as of August

| Child's Name | Grade | Child's Name | Grade |
|--------------|-------|--------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

Parent's/Parents' Name: *(Please Print)* _____

*Parent Signature: _____ Date: _____



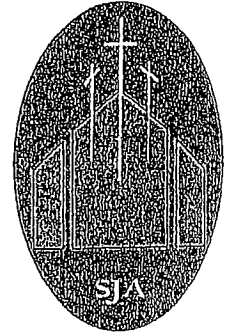
Our Lady of Perpetual Help

And

Saint John the Apostle

310 North McKinney Street Sweeny, Texas 77480

Office: 979-548-2020 Fax: 979-548-4253



LIABILITY RELEASE FORM

Release of All Claims

PRE-K (age 4), Kindergarten (age 5), First Grade through 12th Grade

In consideration for being accepted by **Our Lady of Perpetual Help** and/or **St. John the Apostle** churches for participation in the Continuing Christian Education Programs, we (I), being 21 years of age or older, do for ourselves (myself) [and for and on behalf of my child-participant(s) if said child(ren) is not 21 years of age or older] do hereby release, forever discharge and agree to hold harmless **Our Lady of Perpetual Help Church** and/or **St. John the Apostle Church** and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant(s) that occur while said child(ren) is participating in the above described program or activity.

Furthermore, we (I) [and on behalf of our (my) child-participant(s) if under the age of 21 years] here-by assume all risk of personal injury, sickness, death, damage and expense as a result of participation in programs, recreation, and work activities involved therein.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) are the parent(s) or legal guardian(s) of this participant(s), and hereby grant our (my) permission for him (her) to participate fully in said programs, and hereby give our (my) permission to take said participant(s) to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant(s) to return home due to medical reasons, disciplinary action or otherwise we (I) hereby assume all responsibility for transportation.

Your Copy to Keep



Archdiocese of
Galveston - Houston

PARENT/GUARDIAN RESPONSIBILITIES:

As a parent or guardian of a child enrolled in the Continuing Christian Education Program at Our Lady of Perpetual Help or St. John the Apostle, I am (we are) responsible for the safety of our child or children to and from their classroom.

As a parent or guardian of a child enrolled in the Continuing Christian Education Program at Our Lady of Perpetual Help or St. John the Apostle, I (we) recognize the physical dangers of dropping off and/or picking up our child in the parking lot.

Regardless of whether you are the parent/guardian of children enrolled in the Wednesday & Sunday Sessions, age 4 through 12th Grade: Please pick up your child on time. For the personal safety of your child, you must meet your child at the classroom at the end of class. Please come in person. Teachers are to release students ONLY TO PARENTS.

As a parent or guardian of a child enrolled in the Continuing Christian Education Program at Our Lady of Perpetual Help or St. John the Apostle, I am (we are) responsible to make sure class is being held by verifying the date with the Continuing Christian Education Calendar that is provided at the beginning of each school year.

As a parent or guardian of a child enrolled in the Continuing Christian Education Program at Our Lady of Perpetual Help or St. John the Apostle, I am (we are) responsible for filling out and returning the **LIABILITY RELEASE FORM** and ***ACKNOWLEDGEMENT RECEIPT** before my child/children can attend CCE classes at Our Lady of Perpetual or St. John the Apostle Church.

If your address or telephone number changes, notify the office immediately! It is especially important to have current contact information in case of an emergency.

Thank you for your cooperation in these important procedures.

*Please sign acknowledgement of receipt:

You will receive a copy of this page

Child's/Children's Name/s and grade as of August

| Child's Name | Grade | Child's Name | Grade |
|--------------|-------|--------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

Parent's/Parents' Name: (Please Print) _____

*Parent Signature: _____ Date: _____