

**(one form per family)\***  
**CCD AND GODPARENT REGISTRATION (2020-21)**

**\*Families must be registered in the parish before students can register for CCD/GP**  
 (unless permission was granted for other circumstances)

**\*Is your family registered in our parish? \_\_\_\_\_ Yes \_\_\_\_\_ No** (If “no”, please ask for a parish registration form.)

**\*Would you be interested in teaching or helping in a CCD Class? \_\_\_\_\_ Yes \_\_\_\_\_ No**

Student Name (First, Middle Initial, Last)	Gr	Birth Date City/State	Baptism Church/City/State	Penance Church/City/State	First Com. Church/City/State	Confirmation Church/City/State

**Father’s Full Name** \_\_\_\_\_ **Religion** \_\_\_\_\_

**Mother’s Full Name** \_\_\_\_\_ **Religion** \_\_\_\_\_

**Mother’s Maiden Name** \_\_\_\_\_

**Home Address** \_\_\_\_\_  
 \_\_\_\_\_

	Home Phone	Cell Phone	Work Phone	Email Address
<b>Mother</b>				
<b>Father</b>				
<b>Guardian *</b>				

\*(Guardian if applicable)

**CCD-GP Registration (annual fee which includes \$15 Bishop fees)**

\$ 50---one child

\$100---two children

\$140---three children

\$190---four children

\$200---five children

\$220---six children

**Out-of-Parish Youth:**

\$75 per child (with permission from pastors of both parishes)

**Paid by check#** \_\_\_\_\_ **\$** \_\_\_\_\_ **Paid Cash \$** \_\_\_\_\_

(If not able to pay full amount at time of registration, you may pay in smaller amounts throughout the school year.)

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To better serve your children, please list any health or learning problems that we should be aware of.

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## St. Vincent de Paul Media Release Form

I, \_\_\_\_\_, grant permission to St. Vincent de Paul Catholic Church and/or School hereinafter known as the "Media" to use my image/my child's image (photographs and/or video) for use in Media publications including:

(Check All That Apply)

- Videos  Email Blasts  Recruiting Brochures  Newsletters
- Magazines  General Publications  Website and/or Social Media Posts
- Newspaper Articles  Other: \_\_\_\_\_

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please **initial** the paragraph below which is applicable to your present situation:

\_\_\_\_\_ - I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

\_\_\_\_\_ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Person or Child(ren) (please print): \_\_\_\_\_

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Address: \_\_\_\_\_

Signature of parent or legal guardian: \_\_\_\_\_  
(if under 18 years of age)