

<i>Student #2</i>		please check one choice: <input type="checkbox"/> new CCD student <input type="checkbox"/> St. Victor <input type="checkbox"/> returning CCD Student <input type="checkbox"/> Transfiguration			
First Name		M.I.	Last Name	Suffix (Jr., II, III, etc.)	CCD Grade
Date of Birth	Gender	School Name		Grade	School District
	<input type="checkbox"/> Male <input type="checkbox"/> Female				
<i>Student #2 - Sacramental Information</i>					
<i>Sacrament</i>		<i>Date</i>		<i>Name of Parish Church</i>	
				<i>City / State</i>	
Baptism	/ /				
First Holy Communion	/ /				
Confirmation	/ /				

<i>Student #3</i>		please check one choice: <input type="checkbox"/> new CCD student <input type="checkbox"/> St. Victor <input type="checkbox"/> returning CCD Student <input type="checkbox"/> Transfiguration			
First Name		M.I.	Last Name	Suffix (Jr., II, III, etc.)	CCD Grade
Date of Birth	Gender	School Name		Grade	School District
	<input type="checkbox"/> Male <input type="checkbox"/> Female				
<i>Student #3 - Sacramental Information</i>					
<i>Sacrament</i>		<i>Date</i>		<i>Name of Parish Church</i>	
				<i>City / State</i>	
Baptism	/ /				
First Holy Communion	/ /				
Confirmation	/ /				

<i>Student #4</i>		please check one choice: <input type="checkbox"/> new CCD student <input type="checkbox"/> St. Victor <input type="checkbox"/> returning CCD Student <input type="checkbox"/> Transfiguration			
First Name		M.I.	Last Name	Suffix (Jr., II, III, etc.)	CCD Grade
Date of Birth	Gender	School Name		Grade	School District
	<input type="checkbox"/> Male <input type="checkbox"/> Female				
<i>Student #4 - Sacramental Information</i>					
<i>Sacrament</i>		<i>Date</i>		<i>Name of Parish Church</i>	
				<i>City / State</i>	
Baptism	/ /				
First Holy Communion	/ /				
Confirmation	/ /				

Use of CCD Student Photos

Individual and/or group photographs of CCD students may be taken during the school year and Vacation Bible School for use in parish publications, on bulletin boards within the church/school building, on social media and on the parish websites. These photographs may be taken during the course of CCD classroom and prayer activities, Masses, retreats, and other liturgical celebrations. Their purpose is to inform our parishioners as well as our local community as to the activities of our CCD program.

Please indicate whether or not your child's photograph may be included in these publications, on social media and on the websites.

YES, you may use photographs of my child/children in parish publication, social media and on the parish websites.

NO, please do not publish any photographs of my child/children

MEDICAL/OTHER INFORMATION

(Please fill out one for each student, as needed)

Child's Name: _____ Age: _____ Grade: _____

CCD Location: St. Victor Transfiguration Parish

Parent's Name: _____ Phone No. _____

PLEASE NOTE: the information regarding your child's particular needs will be kept confidential and only shared with the pastor, catechetical administrator and child's catechist.

- Particular Learning Needs: ADD ADHD Specific Allergies Autism Spectrum Cerebral Palsy
 Cognitive/Intellectual Deafness/Hearing Loss Epilepsy Learning Disability OCD Spina Bifida
 Vision Loss/Blindness

(Please share any information that may help us accommodate your child and their success in Faith Formation)

Is your child ambulatory? Yes No: If "NO," what kind of assistance does he/she need?

Wheelchair Helper Other

Is your child verbal? Yes No:

If "NO," how does he/she communicate _____

Health Challenges (Please explain) _____

Other Information you wish to share: _____