St. Victor Catechetical Ministry

Registration Form | 2026-2027

Please submit one registration form per youth.

Which CM Program are you registering your youth?

Sacrament Programs

◯ First Communion & Reconciliation
Returning? □Y | □N

◯ Confirmation
Returning? □Y | □N

Faith Formation Programs

◯ Youth Ministry? □Y | □N

□ Middle School

□ High School

Returning Youth:
A copy of your child's Baptismal Certificate is needed at the time of registration for **Sacrament** classes.

No child will be registered for a Sacrament class without their Baptismal Certificate.

Original Baptism Certificate are acceptable.

Parent/Guardian Information

- Is the Parent/Guardian a Registered Parishioner? □Yes | □No

(Main Point of Contact) □ Father | □ Mother | □ Guardian, Relation: _____

Full Name: _____

☎ _____ Cell Phone? □Yes | □No

✉ _____ Text Ok? □Yes | □No

🏠 _____

(2nd Point of Contact) □ Father | □ Mother | □ Guardian, Relation: _____

Full Name: _____

☎ _____ Cell Phone? □Yes | □No

✉ _____ Text Ok? □Yes | □No

🏠 _____

□ Address is the same as above

Emergency Contacts

Full Name: _____

Relation: _____

☎ _____

Cell Phone? □Yes | □No Text Ok? □Yes | □No

Full Name: _____

Relation: _____

☎ _____

Cell Phone? □Yes | □No Text Ok? □Yes | □No

Youth's Information

- Full Name: _____

☎ _____ Cell Phone? □Yes | □No.....Text Ok? □Yes | □No

✉ _____ Personal Email? □Yes | □No.....School Email? □Yes | □No

🏠 _____

□ Address is the same as above

- Date of Birth? ___ / ___ / 20___
- Grade Level *(as of 9/1/26)* ? _____
- School Presently Attending? _____
- Does your youth have any food allergies or medical conditions? □ Yes | □ No

Turn Page Over

_____

_____

_____

_____

*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 inform Catechetical Ministry Staff at time of registration.

Photo and Video Release Authorization

Throughout the year, St. Victor Parish may photograph or record parish events, programs, retreats, liturgies, service projects, and other ministry activities. These images and videos help us celebrate the life of our parish community and may be used to promote the mission and ministries of St. Victor Parish.

Photographs and video recordings may appear in parish publications, newsletters, brochures, worship aids, bulletin announcements, promotional materials, the parish website, diocesan publications, and official St. Victor Parish social media and virtual platforms, including Facebook, Instagram, and YouTube. To help protect the privacy of participants, names will not be published in connection with photographs or videos unless separate permission has been obtained.

If you have any concerns regarding the use of a photograph or video featuring your child or family, you may contact the Parish Office at any time. We will make every reasonable effort to promptly remove the image or video from parish-controlled publications and digital platforms where feasible.

Parent/Guardian Authorization

_____ (*Initial*) I/We, the parent(s) or legal guardian(s) of the child/youth named on this registration, grant permission to St. Victor Parish to photograph and/or video record my/our child, and, when applicable, myself/ourselves, while participating in parish-sponsored programs, events, ministries, and activities.

_____ (*Initial*) I/We authorize St. Victor Parish to use these photographs and/or video recordings for educational, informational, promotional, and evangelization purposes in parish and diocesan print publications, the parish website, and official parish social media and virtual platforms, without compensation or further notification.

_____ (*Initial*) I/We understand that every reasonable effort will be made to safeguard the privacy and dignity of participants and that identifying information, such as last names, will not be published without additional authorization.

_____ (*Initial*) I/We acknowledge that if I/we later have concerns regarding the use of a photograph or video, I/we may contact the Parish Office. St. Victor Parish will make every reasonable effort to promptly remove the applicable content from parish-controlled media and digital platforms where practicable.

_____ (*Initial*) I/We acknowledge that I/We are opting out – I/We do not give permission to take photos or videos.

Family Agreement

I am signing this form in acknowledgement that I:

- Will read or have read and understood the Catechetical Ministry handbook in its entirety.
- Abide by the policies set in force by St. Victor's Catechetical Ministry and Diocese of San Jose.
- Agree to keep all telephone numbers & addresses current throughout the year.

Parent/Guardian Signature: _____ Date: ____ / ____ / 20____

St. Victor Parish Office Use Only

Env.# _____ Family ID: _____ | □ Full Fee □ Discount Fee □ Conf. 2 Fee

□ Returning □ New SV Reg. □ Declined to Reg. | □ Late Fee □ CC Fee Total Fees: $ _____

Payment Type: □ Cash □ Check # _____ □ Credit Card _____

Catechetical Ministry Programs

Sacrament Programs: ☐ First Year ☐ Mon. Con-1 ☐ Mon. Con-2 ☐ Mon. Jr. High ☐ Wed. FR&C

Faith Formation Program: ❑ HS Ministry (Mon.) ❑ MS Ministry (Tue.)

Notes: _____

_____.