

Calling HOLY CROSS RELIGIOUS EDUCATION PROGRAM
Christ's KINDERGARTEN through 8th GRADE
Disciples

FAMILY NAME REGISTERED UNDER IN PARISH _____

2017 – 2018 REGISTRATION FORM

FAMILY INFORMATION

*PHONE NUMBER: Home _____
*PHONE NUMBER: Cell _____
Cell _____

ADDRESS _____ Number and Street _____ City/State _____ Zip Code _____

PARENTS' E-MAIL ADDRESS 1. _____ 2. _____

FATHER'S NAME _____ First _____ Last _____ RELIGION _____

MOTHER'S NAME _____ First _____ Maiden _____ Last _____ RELIGION _____

MARITAL STATUS OF PARENTS (Please circle one): _____ Married _____ Single _____ Widowed _____ Separated _____ Divorced _____

If remarried, STEP-PARENT NAME _____ Religion _____

If divorced, who has primary custody? _____

Is there a custody order in effect? Details of order _____

DOES YOUR CHILD HAVE ANY PHYSICAL, EMOTIONAL OR SPECIAL EDUCATIONAL NEEDS? OR ON MEDICATION FOR CHRONIC PROBLEMS SUCH AS ASTHMA, ATTENTION DEFICIT, ETC.?: _____ YES _____ NO

If yes, please explain (child's name and need) _____

It is essential that we make teachers aware of limitations. This information is confidential and given only to the child's teacher.

IF YOUR CHILD IS IN ANY TYPE OF SPECIAL EDUCATION PROGRAM, PLEASE NOTE THE TYPE AND WHERE: _____

IS THERE ANYTHING ELSE THAT WE NEED TO BE AWARE OF? _____ YES _____ NO

If yes, please explain (child's name and need) _____

REGISTRATION INFORMATION

LEVEL K through 8th Grade

Listed below you will find the options available for your children. Please make your choice and complete your child's information.

Option #1: Weekly Wednesday Evening 6:00 pm – 7:30 pm Labor Day through Memorial Day

Student's Full Name

Age

School & Grade

1. _____
2. _____
3. _____

Option #2: Sunday Afternoon 3:30-5:40 pm Semimonthly September through May (2nd & 4th Sunday)

Student's Full Name

Age

School & Grade

1. _____
2. _____
3. _____

Option #3: LAFF: Family of Faith Family Catechesis- September through May (This is not Home Study)

(Info meeting June 8th at 6:30 pm or schedule an appointment with Cindy Krebs to register and learn expectations of program)

Family name _____

Child/ren and grades: _____



If you can volunteer to help during your child's session, please indicate your availability: _____ Teacher, _____ Assistant Teacher, _____ Substitute, _____ Hall Monitor, _____ Parking Lot Monitor

Volunteers pay \$30.00 per child book fee only. A current background check is necessary to volunteer.

FORM A: ANNUAL CONSENT AND RELEASE



DIOCESE OF WILMINGTON PARISH/INSTITUTION ANNUAL PARENTAL CONSENT AND RELEASE FORM

PARISH/SCHOOL _____

Personal Information

Full Name of Child			
Address			
City	State	Zip	
Home Phone	Date of Birth ____/____/____	Age	
Family E-Mail			
Participant Email	Participant Cell Phone		

Providing participant email and cell phone grants permission for electronic communication from group leader to this young person in regards to all group activities, in accord with diocesan guidelines.

Medical Information

Family Doctor	Phone
Family Dentist	Phone
Insurance Provider	Policy# Acct./ID#

- * Yes No Has the young person ever been seen by a heart specialist for a heart condition?
- * Yes No Has the young person had a broken bone in the past six (6) months?
- * Yes No Has the young person had surgery in the past six (6) months?
- * Yes No Is the young person currently taking prescribed medication(s) that could inhibit strenuous physical activity?
- * Yes No Is the young person allergic to bee stings?*
- * Yes No Does the young person have asthma?*
- * Yes No Are there any serious medical conditions of which the Youth Minister, Director/Coordinator of Religious Education, Principal/School Nurse should be aware?*

*If you answered 'yes' to any of the above, it is the responsibility of the parent/guardian to check with parish/school representatives to ensure those items identified with an * above will not endanger the young person.

CYM requires that athletes be able to self-administer the **epi-pen and/or inhaler without assistance.

Current Prescription Medications _____
 Please list all allergies related to medicine, food, latex, etc. _____

*If your child has a life-threatening allergy, you **must** discuss said allergy with the group leader.*

If necessary, the group leader is permitted to administer the following medications (or generic equivalent) to my child:

- Advil Tylenol Motrin Aleve Halls (cough drops) Imodium Calamine Lotion
 Claritin/Zyrtec Benadryl Robitussin (cough syrup) Triple Antibiotic Ointment Other _____

Parent/Guardian Information (Mother)

Full Name of Mother/Stepmother		
Home Phone	Cell Phone	
Place of Employment		
Work Phone		

Parent/Guardian Information (Father)

Full Name of Father/Stepfather		
Home Phone	Cell Phone	
Place of Employment		
Work Phone		

School	Teacher	Grade	Homeroom
--------	---------	-------	----------

In Case of Emergency

The following procedures are in place if your child becomes sick or injured, or needs to be sent home for disciplinary reasons. Calls will be made to the following numbers, in the following order.

1. Home
2. Cell phones of Mother/Father/Guardian
3. Place of Employment for Mother/Father/Guardian
4. Ambulance for transportation of child to medical facility (in case of injury). In case of a major injury that requires immediate medical attention, an ambulance may be called first.

Staff will continue to call the parents or guardians until one is reached. Please note: information on this form will be shared with emergency medical staff.

Personal Electronic Technology Devices (PTD)

All extraneous personally owned technology devices (PTD), including, but not limited to, cellular phones, BlackBerrys, pagers, beepers, gaming devices, headsets, and other communication devices are for use only during an actual lock down or emergency. Other devices, including, but not limited to, tablet PCs, mobile presenters, wireless tablets, digital audio and video recorders, Palms, Sidekicks, iPods, Kindles, iPads, MP3 players, texting calculators, camera video phones, digital cameras or laptops are to be used only when permission has been granted by an institutional or organizational employee with the authority to grant such permission. Devices capable of capturing, transmitting, or storing images or recordings may never be accessed, turned on or operated in restrooms, dressing rooms, or other areas where there is a reasonable expectation of privacy. To protect the safety and well-being of students, staff and other community member's personal property and to avoid disruptions to the learning environment; group leaders, teachers, or school personnel reserve the right to confiscate or collect any PTD. A designated group leader or official as part of any investigation of policy violation or other suspected inappropriate, immoral and/or illegal use may review the content of any PTD device. If an illegal act is discovered, local law enforcement officials will be contacted. The Catholic Diocese of Wilmington and its parishes and organizations are not responsible for any harm to PTDs, including by not limited to the loss, theft, damage, or destruction of PTDs or any contents therein.

Permission and Hold Harmless

I hereby give my consent for the above named individual to participate in the above named parish/school youth activity(ies) during the current program year. **I authorize** responsible personnel to obtain proper medical treatments should it become necessary. Excluding intentional, deliberately-inflicted and illegally caused injuries, **I further agree**, in consideration of the above named parish's sponsorship of beneficial youth programs, to release the above named parish, the Catholic Diocese of Wilmington, and all of their employees, directors, administrators, youth ministers and volunteers from all legal liability for accidental injuries suffered by my child as a result of participation in athletic activities, or travel to and from any officially sanctioned event.

If I cannot be reached and the parish/school authorities have followed the procedures described, **I agree to assume all expenses** for transporting and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures which may be carried out based on the medical judgment of attending physician.

I understand that the Diocese of Wilmington and its staff are committed to providing fun, safe, educational experiences and that diocesan events are conducted in smoke-, alcohol-, and drug-free environments. In light of this, and to help ensure the safety of all concerned, I understand that if my child is in possession of drugs, alcohol, or tobacco products, engages in illegal, immoral, or offensive behaviors, or refuses to follow the directions given by event staff or volunteers while participating in this activity, I will be contacted immediately to pick up my child.

I understand that promotional pictures (individual and group) may be taken during officially sanctioned events. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the event. I understand, however, that the above named parish/institution has no control over the use of photograph or film taken by media or private vendors that may be covering events.

I affirm that the information above is true and correct and may be shared with school personnel on a "need to know" basis.

Signature of Parent/Guardian: _____

Relationship to Participant: _____ **Date:** _____

NEW REGISTRATION STUDENT INFORMATION ---Only for students *new* to the program

Please fill in the following information for **each child registering**. You **must** attach a copy of **baptismal certificates** to this registration for each child unless baptism took place at Holy Cross. For all **other sacraments** received, please attach **copies** of appropriate certificates.

Child 1

Name _____ Birthdate and Birthplace _____ Mother's Maiden Name _____
Sacraments Received:
Baptism _____ Where (Parish/address) _____ Date _____
1st Reconciliation _____ Where (Parish/address) _____ Date _____
1st Communion _____ Where (Parish/address) _____ Date _____
Confirmation _____ Where (Parish/address) _____ Date _____
List all previous religious education (Parish, levels, dates, etc.) _____

Child 2

Name _____ Birthdate and Birthplace _____ Mother's Maiden Name _____
Sacraments Received:
Baptism _____ Where (Parish/address) _____ Date _____
1st Reconciliation _____ Where (Parish/address) _____ Date _____
1st Communion _____ Where (Parish/address) _____ Date _____
Confirmation _____ Where (Parish/address) _____ Date _____
List all previous religious education (Parish, levels, dates, etc.) _____

Child 3

Name _____ Birthdate and Birthplace _____ Mother's Maiden Name _____
Sacraments Received:
Baptism _____ Where (Parish/address) _____ Date _____
1st Reconciliation _____ Where (Parish/address) _____ Date _____
1st Communion _____ Where (Parish/address) _____ Date _____
Confirmation _____ Where (Parish/address) _____ Date _____
List all previous religious education (Parish, levels, dates, etc.) _____

Child 4

Name _____ Birthdate and Birthplace _____ Mother's Maiden Name _____
Sacraments Received:
Baptism _____ Where (Parish/address) _____ Date _____
1st Reconciliation _____ Where (Parish/address) _____ Date _____
1st Communion _____ Where (Parish/address) _____ Date _____
Confirmation _____ Where (Parish/address) _____ Date _____
List all previous religious education (Parish, levels, dates, etc.) _____

