



• Fees

- LAFF Program \$150 per family
- Regular Religious Education
  - 1 Child-\$150 2 Children-\$260 3 Children or more-\$340
- Volunteers pay \$30 per child to cover the cost of textbooks.
- Checks made out to Holy Cross Church, or Credit Cards will be accepted dropped off with registration at the Parish office or credit card payments can be called in to (302) 674-5787.
- Payment does not need to be submitted with registration form if you are unable to make payment right away however early bird discount is only applied when paid at registration. Do not let that hold up registration. Invoices will be mailed in early Fall.
- If financial assistance is needed, please contact the Religious Education office at (302) 674-5787 X 122 or email [tkorosec@holycrossdover.org](mailto:tkorosec@holycrossdover.org).

**Student Information**

Please list names of children attending program and complete the following: Child's Last Name Child's First Name Date Of Birth Religious Ed Grade Sacraments Received Baptism Penance Eucharist List Special Education Service

Last Name	First Name	Middle Name	Gender	Birthdate	2026-27 School Grade	Sacraments Received		Any Special Needs? *
						Baptized?	Eucharist?	
						Yes No	Yes No	Yes No
						Yes No	Yes No	Yes No
						Yes No	Yes No	Yes No
						Yes No	Yes No	Yes No
						Yes No	Yes No	Yes No
						Yes No	Yes No	Yes No

\*If you answered yes to any special needs, please describe below or contact the religious education office directly to discuss at [tkorosec@holycrossdover.org](mailto:tkorosec@holycrossdover.org) or call (302) 674-5787 x 122. Please provide full disclosure so we may provide the best for your child. **Let us do our best for your child by giving us the tools we need to help them succeed!**

**Volunteer Opportunities**

- Volunteers are waived tuition and only pay \$30 to cover the cost of the book fee per child (this excludes the second-grade sacramental fee)
- Volunteers MUST complete a criminal background check or have a current Diocese of Wilmington background clearance on file to volunteer. The cost of the background check is covered by the Church.

\_\_\_\_ Yes! I would love to volunteer!

\_\_\_\_ My email address is: \_\_\_\_\_

\_\_\_\_ I have a valid background check through Holy Cross Church

\_\_\_\_ I have a valid background check through \_\_\_\_\_ Church which is part of the Diocese of Wilmington.

I would love to \_\_\_\_ teach \_\_\_\_ Assist \_\_\_\_ Substitute \_\_\_\_ Hall Monitor \_\_\_\_ Help in Office \_\_\_\_ Help in Parking Lot

Email completed registration form and a completed Form A for each child to [tkorosec@holycrossdover.org](mailto:tkorosec@holycrossdover.org) or drop off to the Parish office.

# 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:** \_\_\_\_\_