



# St. Monica Catholic Church

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## RELIGIOUS EDUCATION REGISTRATION FORM

### ACADEMIC YEAR 2022-2023

PLEASE USE THIS FORM FOR ALL STUDENTS PRE-K THROUGH 5<sup>th</sup> GRADE CCF (Children's Catholic Formation)  
AND YOUTH 6<sup>th</sup> Grade through 12<sup>th</sup> (Age 12 and Above)

**All Grades (Pre-K – 12) Will Meet on SUNDAYS from 10:15 AM – 11:15 AM**

Family Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Parent's Cell: \_\_\_\_\_  
Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Parent's Email: \_\_\_\_\_  
Secondary Email: \_\_\_\_\_

As a parent, I/we will participate in the Religious Education Program in the following areas:

- Catechist (Protecting God's Children required)
- Classroom Aide (Protecting God's Children required)
- Special Events
- Other \_\_\_\_\_

Child's Name	Date	School	Grade	CCF/Youth
First, Middle Initial, Last	of Birth			

Optional Info for Youth Group (Age 12 and Above):

Teen's Name: \_\_\_\_\_

Teen's Email: \_\_\_\_\_

Teen's Cell (To Receive Group Text Messages): \_\_\_\_\_

## SAFETY

We will seek to ensure that young people in our care are nurtured and cared for in a safe environment and are protected from any potential harm.

Strategies, policies, and procedures are in place to ensure the physical, psychological, sexual, and spiritual safety of young people within our care. Youth leaders are aware of our policies and have been background checked and have gone through safety training per the Diocese.

## MEDICAL

DETAILS OF ANY REGULAR MEDICATION

DETAILS OF ANY ILLNESS WE NEED TO KNOW ABOUT (EG DIABETES, ASTHMA)

DETAILS OF ALLERGIES

DETAILS OF CONCERNS THAT COULD INFLUENCE PARTICIPATION (EG WATER/HEIGHT/OPEN SPACES)

DETAILS OF DIETARY REQUIREMENTS

## PARENTAL CONSENT

### Medical Consent

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to Diocese of St. Augustine's employees, volunteers, or representatives to seek medical treatment for my child above named. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Diocesan representatives or volunteers to hospitalize, secure proper treatment for, and order injection and/or anesthesia and/or surgery for my child above named.

### Photo Media Release / Social Media

Without compensation, I hereby grant permission to the Catholic Diocese of St. Augustine to use and reproduce photographs and/or video taken of my child. These photographs may be used for news and editorial purposes in publications and other electronic reproductions (websites and video, including livestream) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as, the parish/church and/or school involved, the Bishop of the Diocese of St. Augustine, a corporation sole, the Catholic Diocese of St. Augustine and all of their employees and agents, from all claims and liability relating to said photographs. Updated 8/2020

SIGNATURE

DATE