

SAINT PATRICK RELIGIOUS EDUCATION REGISTRATION 2020-2021

(PLEASE PRINT)

Family Name: _____
Mother's Name: _____
Father's Name: _____
email: _____

Address: _____

Cell Phone:(Father) _____ **(Mother)** _____

REGISTRATION FEE: \$40 per student (maximum of \$120 per family). For those preparing for 1st Communion or Confirmation the fee is \$60 per student. Please make checks payable to "St Patrick." To paid online please visit our website www.saintpatrickchurchhill.org click E-Giving or click this link <https://giving.ncsservices.org/App/Giving/ncs-1843> and choose **Religious Education Fee.**

Please mark: **In-Person Classes** **Digital Classes**

Please complete the information below for the Christian Formation Program. Return completed forms as soon as possible.

<p>GRADES Pre-K THROUGH 10th - SUNDAY 9:20 - 10:40 AM CONFIRMATION AT ST JOHN - SUNDAY 10:15 - 11:45 AM</p> <p>NAME: _____ First MI Last Nickname</p> <p>GRADE : _____ School _____</p> <p>DATE OF BIRTH: _____</p> <p>Does the student need to receive any sacraments?: BAPTISM CONFIRMATION EUCHARIST RECONCILIATION</p> <p>NAME: _____ First MI Last Nickname</p> <p>GRADE : _____ School _____</p> <p>DATE OF BIRTH: _____</p> <p>Does the student need to receive any sacraments?: BAPTISM CONFIRMATION EUCHARIST RECONCILIATION</p>
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For office use only: REC'D _____ AM'T _____ CHECK # _____ BY _____ PAID IN FULL _____ BALANCE _____

MEDICAL RELEASE FORM

Name of Parent/Guardian: _____

In case of emergency notify: _____ Cell Phone _____

MEDICAL INFORMATION

➤ Does your child have any allergies? _____ Yes/Si _____ No

Name of the child and please explain: _____

➤ Are there any other physical or emotional conditions of which we need to be aware? : _____ Yes _____ No

Name of the child and please explain: _____

➤ In the event of any emergency, I give authority to the accompanying adults to authorize treatment. I understand that an attempt to notify me/my emergency contact will be made before any treatment is authorized. YES/ ___NO___

➤ As parent/legal guardian, I remain legally responsible for any personal action taken by my child. I agree to hold harmless Saint Patrick Parish, and the Diocese of Richmond as well as its officers, directors, catechists, agents, chaperons, or representatives associated with this program, arising from or in connection with my child attending this program, or including but not limited to accidents, emergencies, exposures to reckless conduct of persons. YES _____ NO _____

➤ I give permission for pictures and/or video of my children (named above) engaged in activities related to any church/retreat to have their pictures posted in Saint Patrick's publications, or websites. YES ___ NO ___

SIGNATURE (parent/guardian, as applicable) _____ Date _____

PLEASE DON'T FORGET TO READ AND SIGN THE ACKNOWLEDGMENT OF SYMPTOMS AND RISK

SAINT PATRICK CATHOLIC CHURCH – RELIGIOUS EDUCATION PROGRAM
ACKNOWLEDGMENT OF SYMPTOMS AND RISK

The following are the symptoms of COVID-19 currently known to the World Health Organization. You understand that for the safety and well-being of all who enter our church/school building you will not enter, or send children to Religious Education Classes, if you/they have any of the following: *Cough, Fever or chills, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Sore throat, Congestion or runny nose, New loss of taste or smell, Diarrhea, Headache, Nausea or vomiting*

Schools and Churches in the Catholic Diocese of Richmond have taken protective measures to reduce the risk of exposure to COVID-19 on church/school premises, but they cannot possibly guarantee that no one will be exposed to COVID-19. COVID-19 is highly contagious and can spread from person to person through small droplets from the nose or mouth, which are expelled when a person with COVID-19 coughs, sneezes, or speaks. People can contract COVID-19 if they breathe in these droplets or touch them after they have landed on objects and surfaces, such as tables, doorknobs, and handrails. By signing this document, you acknowledge and voluntarily assume the aforementioned risk and agree that you and everyone in your household will comply with the COVID-19- precautionary measures set in place at church and in our Religious Education area in Saint Patrick

By entering our church or Religious Education areas, all employees, catechists, students, parents, and all authorized visitors, acknowledge the following:

- Your temperature is under 100.4 degrees and has been without any fever reducing medicines for the last 24 hours; and
- You or anyone in your household does not have a new cough or new shortness of breath; and
- You or anyone in your household who has exhibited any COVID-19 symptoms has either been symptom-free for 14 days or has since tested negative for COVID-19; and
- In the past two (2) weeks, you have not been exposed - less than six (6) feet for greater than 15 minutes - to anyone who has tested positive for COVID-19 without wearing the appropriate Personal Protective Equipment (PPE) as defined by the Centers for Disease Control and Prevention.

If anyone is exhibiting COVID-19 symptoms on church property, he or she will be required to leave and will not be permitted to return to our church property until he or she either tests negative for COVID-19 or has not experienced any COVID-19 symptoms for at least 14 days.

The above policies help us maintain a safe environment in our church/school areas and minimize the risk of spreading COVID-19 (or any viruses) within our church/school. By signing below, you acknowledge the risks and agree to the entirety of this document and hold harmless Saint Patrick Catholic Church, its members, priests, catechists, the Catholic Diocese of Richmond and current employees from suit, damages, liabilities and expense in connection with personal injury, illness from attending the program of Religious Education of Saint Patrick Catholic Church.

Parent Signature

Printed Family Name

Date

SAINT PATRICK CATHOLIC CHURCH AUTHORIZATION TO PICK-UP

Student's Name (s)

Grade (s)

I _____ give permission for Saint Patrick Catholic Church to release my child to the persons named below.

Parent or Guardian

I understand that no other authorization will be necessary for the persons named below to leave church property with my child. I understand any changes to this form will require a new form to be completed.

Name

Mother/Female Guardian

Name

Father/Male Guardian

Name

Relationship to Student

Name

Relationship to Student

Parent-Guardian Signature

Date

Catechist

Date

The student must be signed out. This form is valid from the date of signature through the last day of the current school year.