

Religious Education Registration for 2021-2022

At the present time we will not be doing online registration for religious education. Please complete this registration packet and return to your child's catechist next week. **If this registration packet is not completely filled out it will be returned to you for completion.**

Family Name: _____

The fees for the upcoming year are as follows:

Grade: 1 thru 8 Fees:

New Families and Current Families:

1 Child \$150 2 Children \$175 3 or more Children \$200

Sunday Gatherings – 6-8 pm (High school and college-age young adults) No Fee

Sunday Youth Group – 4-6pm (Grades 6 thru 8) No Fee

Sacrament Fees:

Reconciliation: \$50 each child **Eucharist:** \$50 each child **Confirmation:** \$90 each child
2nd grade and above 2nd grade and above Grades: 9 thru 12

Payment

- Full payment is due at the time of registration.
- If you are unable to pay in full at the time of registration and need a payment plan, please contact the Religion Office prior to March 10, 2021. No family will be turned away because of a financial situation.

Please register by March 17, 2021 so that we can order resources early and take advantage of publisher discounts.

Fee Calculation:

Grades: 1 thru 8 _____

Sacrament _____

Total: _____

Office Information

Amount Paid: \$ _____

Cash _____

Check _____

Online _____

Religious Education Registration for 2021-2022

Family Name: _____

Parent Information

Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Single

Child(ren) live with: ☐ Both Parents ☐ Joint Custody ☐ Mother ☐ Father

Stepparent/Guardian (if applicable) _____

Father

Mother

Last Name		
First Name		
Religion		
Day Phone		
Cell Phone		
Email		
Preferred Contact	<input type="checkbox"/> text OR <input type="checkbox"/> email	<input type="checkbox"/> text OR <input type="checkbox"/> email

NOTES:

1. All Families must complete Form A – Annual Consent and Release for each child
2. For any new student registering, the office must receive a copy of a certificate for Sacrament/s received.

Religious Education Registration for 2021-2022

Family Name: _____ Check if different from Child's last name: _____

Street Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Please list child(ren) registration information oldest to youngest

Information	Child 1	Child 2	Child 3	Child 4
Last Name				
First Name				
Middle Name				
Date of Birth				
School Attending				
Notes for Educators (Learning challenges, etc.)				
Grade Entering In the Fall				
Religious Education: Choose class for each student.				
1 st -8 th Grade Wed. 6:30 – 8:00pm	_____	_____	_____	_____
Online Home School Program	_____	_____	_____	_____
2017-2018 Sacrament Registration				
Children registering for sacraments who were not in Religious Education or a Catholic School the prior year must contact the Religion Office.				
Reconciliation (Gr 2 and above)	_____	_____	_____	_____
Communion (Gr 2 and above)	_____	_____	_____	_____
Confirmation (Gr. 9 thru 1	_____	_____	_____	_____

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 but 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: _____