

ST. BENEDICT CATHOLIC CHURCH

RELIGIOUS EDUCATION ENROLLMENT

Parent/Guardian Information

Mother: _____

Address: _____

Email: _____

Phone: _____

Religion: _____

Parent/Guardian Information

Father: _____

Address: _____

Email: _____

Phone: _____

Religion: _____



Is your family registered as parishioners at St. Benedict? (yes or no) _____

I would like to volunteer for the following:

Religious Education Teacher _____

Religious Education Aide _____

Religious Education Substitute _____

Faith Night Refreshments _____

1st Student

Last name:_____ First name:_____ Age:_____

Birth Date:_____ Gender: F M Grade 23-24:_____ School:_____

Sacraments Received: ___Baptism ___Reconciliation ___Communion ___Confirmation

Previous Religious Education (please list the number of years and the name of the parish):

Allergies and Health Considerations:

2nd Student

Last name:_____ First name:_____ Age:_____

Birth Date:_____ Gender: F M Grade 23-24:_____ School:_____

Sacraments Received: ___Baptism ___Reconciliation ___Communion ___Confirmation

Previous Religious Education (please list the number of years and the name of the parish):

Allergies and Health Considerations:

3rd Student

Last name:_____ First name:_____ Age:_____

Birth Date:_____ Gender: F M Grade 23-24:_____ School:_____

Sacraments Received: ___Baptism ___Reconciliation ___Communion ___Confirmation

Previous Religious Education (please list the number of years and the name of the parish):

Allergies and Health Considerations:

4th Student

Last name:_____ First name:_____ Age:_____

Birth Date:_____ Gender: F M Grade 23-24:_____ School:_____

Sacraments Received: ___Baptism ___Reconciliation ___Communion ___Confirmation

Previous Religious Education (please list the number of years and the name of the parish):

Allergies and Health Considerations:

For additional students please use the back of the page

Activity Release

For those 18 years of age or older, all parents, and all guardians:

I consent for any of my children listed below to participate in any activity or trip sponsored by the Diocese of Colorado Springs or its affiliates* (collectively, "the Diocese"). In case of medical need, I authorize the Diocese to arrange for medical or dental services for me and any of my children listed below. I agree that any such expense will be my obligation.

I, individually, and in my capacities as parent, or guardian of my children:

waive, release, and indemnify the Diocese and its agents, directors, officers, employees, and volunteers (collectively, the "Released Parties") from all claims or liability which have arisen or may arise from any Diocesan activity or trip and which involves any damage, loss, or injury to me, my spouse, any of my children, my property, or the property of any of my children. In the same capacities, I promise not to sue any of the Released Parties for any such claims or liability. This waiver, release, indemnification, and promise not to sue does not apply to claims of criminal conduct or gross negligence.

This Activity Release is revocable prospectively only by a writing signed by me which bears the date that the revocation is delivered to the Diocese.

Date Signature

Date Signature

Home phone: _____ Work phone: _____ Mobile phone: _____

Medical Insurance Company and Policy Number: _____

Authorized Medications: _____

Family Physician/Emergency Contact and Phone: _____

Special considerations or needs (allergies, asthma, etc.) _____

For all those over 14 and under 18 years of age:

I waive, release, and indemnify the Released Parties as identified above from all claims or liability which has arisen or which may arise from any Diocesan activity or trip and which involves any damage, loss, or injury to me or my property.

Printed Name Signature Date

Printed Name Signature Date

*"Related Organizations" includes all Diocesan parishes, missions, schools, and ministries and also Catholic Charities of Colorado Springs, Inc., Partners in Housing, Inc., Ave Maria Catholic School Corporation, and the Catholic Foundation of the Diocese of Colorado Springs, Inc., Queen of Heaven Cemetery.

Media Release

Location Name: St. Benedict Catholic Church
12130 Falcon Hwy Peyton, CO 80918 Phone (719) 495-1426

CONSENT FOR RELEASE

INTRODUCTION

This form is used to obtain written consent for use of a minor's name and/or audio/visual depiction from the minor's parent or guardian. The use of any name or likeness is limited to the announcement, acknowledgement of achievement or participation, and information about or promotion of an applicable ministry or event.

CONSENT

Please mark **YES** on the line before any description that you authorize for release/use.

Please mark **NO** on the line before any description that you do NOT authorize for release/use.

Name:

____ Use of the minor's name in any publication intended for public distribution (Social media, website, written work or artwork, television, newspapers, brochures, etc.)

____ Use of the minor's name in any publication intended for distribution within the parish, school, or diocese. (bulletin, newsletter, written work or artwork, internal streaming video, bulletin board, other related internal electronic communication, etc.)

Audio / Video:

____ Use of the minor's likeness in any medium intended for public distribution (Social media, website, written work or artwork, television, newspapers, brochures, etc.)

____ Use of the minor's likeness in any publication intended for distribution within the parish, school, or diocese. (bulletin, newsletter, written work or artwork, internal streaming video, bulletin board, other related internal electronic communication, etc.)

PLEASE NOTE: IF YOU WISH TO MAKE ANY CHANGES TO THE ABOVE AUTHORIZATIONS, YOU MUST NOTIFY THE PARISH OFFICE.

Please PRINT the names of all minors included in this Consent:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Printed name of parent/guardian

Signature of parent/guardian

Date