

As a parent/guardian, you are the primary contact for all Faith Formation communication. There are opportunities to utilize technology including Zoom calls or other related electronic media communications. If you would like to participate in social media and electronic communication as a family, or have your child participate with your consent and supervision. Please complete the authorization form below.

ST. THOMAS AQUINAS DISCLOSURE, AUTHORIZATION AND CONSENT FOR SOCIAL MEDIA OR OTHER ELECTRONIC COMMUNICATION INVOLVING MINORS

I am the parent or legal guardian of _____ (full name of minor) (“My Child”).

In order to ensure transparency and parental involvement, The Archdiocese of St. Paul and Minneapolis has created this consent form so that parents and guardians may provide authorization for St. Thomas Aquinas leaders to electronically communicate with minors. Such communications must comply with applicable St. Thomas Aquinas policies, including restrictions on private communications with minors.

I grant permission for staff or other leaders of St. Thomas Aquinas to communicate with My Child electronically. I understand that such communications are for St. Thomas Aquinas purposes only and may involve group communications relating to St. Thomas Aquinas activities. Further, I understand and authorize that such electronic communications may be made via text, email, telephone and cell phone, social media, digital networking, and other electronic means.

I acknowledge that to review or receive public communications shared via social media with My Child, I will need to have an account with the same social media platforms or become a fan or follower of the same social media. I also understand that communications may be accessible or viewable by others who are also fans or followers of the same social media.

This Disclosure, Authorizations, and Consent form is valid for one year. If I choose to rescind this authorization and consent, I agree that I will inform St. Thomas Aquinas in writing and that this rescission will not take effect until it is received by St. Thomas Aquinas.

I have read the above Disclosure, Authorizations, and Consent, have had the opportunity to consider their terms, and understand them. I execute this document voluntarily and with knowledge of its significance.

Parent/Guardian Name (please print): _____

Email address: _____

Address: _____

Phone number: _____ Cell number: _____

All information will be sent directly to parent, and links or information can be shared by parents. Only, if you will need to have your child receive the information directly, please complete the following.

Youth Email address: _____

Youth Cell number: _____

Signature of Parent/Guardian: _____ Date: _____