St. Sylvester Parish Religious Education Registration

Date: _____

Family's Last Name _____ Home Phone: _____

Home Address: _____ City/State/Zip: _____

Father's Name : _____ Cell#: _____ Work#: _____

Father's Email: _____

Mother's Name: _____ Cell#: _____ Work#: _____

Mother's Maiden Name: _____ Mother's Email: _____

Emergency Contact (Non Parent) Name & Phone # _____

Custodial Parent, if different from above: _____ Email: _____

Rel Ed mailing to additional address: _____ Both Parents Catholic? Y_____ N____

NEW STUDENTS IN OUR PROGRAM MUST PROVIDE

1. Family registration at St Sylvester Parish
2. Copy of Baptismal Certificate
3. Previous religious education information such as report card or letter of recommendation
4. Registration fee

Child 1: Name (First and Last name if different from parent)_____

Birthdate___/___/___/ Sex M-F School child attends_____ School grade this Sept_____

Baptized___/___/___/Church Name_____ City/State_____

First Communion___/___/___ChurchName_____City/State_____

Previous Religious Education?: YES/NO # of years and program _____

Special Needs: medical, allergies, learning disabilities, physical disabilities: _____

_____

Child 2: Name (First and Last name if different from parent)_____

Birthdate___/___/___/ Sex M-F School child attends_____ School grade this Sept_____

Baptized___/___/___/Church Name_____ City/State_____

First Communion___/___/___ChurchName_____City/State_____

Previous Religious Education?: YES/NO # of years and program _____

Special Needs: medical, allergies, learning disabilities, physical disabilities: _____

_____

Child 3: Name (First and Last name if different from parent)_____Nick Name _____

Birthdate___/___/___/ Sex M-F School child attends_____ School grade this Sept_____

Baptized___/___/___/Church Name_____ City/State_____

First Communion___/___/___ChurchName_____City/State_____

Previous Religious Education?: YES/NO # of years and program _____

Special Needs: medical, allergies, learning disabilities, physical disabilities: _____

_____

Child 4: Name (First and Last name if different from parent)_____Nick Name _____

Birthdate___/___/___/ Sex M-F School child attends_____ School grade this Sept_____

Baptized___/___/___/Church Name_____ City/State_____

First Communion___/___/___ChurchName_____City/State_____

Previous Religious Education?: YES/NO Years and program _____

Special Needs: medical, allergies, learning disabilities, physical disabilities: _____

_____

Saint Sylvester Catholic Church
Religious Education Commitment Letter

By signing this letter I acknowledge that I am my child's first and foremost catechist and am committed to my faith. A primary part of that responsibility is to help my child receive a good faith education by:

*Attending Mass with my family each Sunday and on Holy Days to be nourished by the Word and by the Eucharist.

*Supporting Saint Sylvester Parish through my time, talent and treasure.

*Participating in some educational, pastoral or social ministry of our Parish, and/or faith formation program.

*Bringing my child to Religious Education classes each week, on time and prepared, with the understanding that we maintain a Christian caring atmosphere in the classroom and throughout the campus with proper respect for everyone.

Parent/Guardian Signature(s) : _____/date_____

_____/date_____

Diocese of Pensacola Tallahassee

PERMISSION FOR USE OF INFORMATION OR GRAPHIC IMAGE OF A MINOR IN MEDIA

I, _____, the parent/legal guardian of the minor child(ren)

_____hereby give permission for the Diocese of Pensacola-Tallahassee and any of its affiliated organizations, including but not limited to the Florida Catholic, to use my child's/children's name(s) and/or photographs for promotional, news or public relations purposes in print and/or electronic media pertaining to St Sylvester Parish Programs and Events.

_____

Signature Date

Yearly Registration Fees

All Ages - $50.00
Family Max - $200.00

Fee includes book and materials

Tuition due: $ **Tuition Paid: $** **Signature:**

ANNUAL MEDICAL INFORMATION FORM

Child's Name _____

Address _____ City,State _____ Zip _____

Sex _____ Date of Birth _____ Age _____ Grade _____

School _____

Doctor's Name _____ Phone Number _____

Father/Guardian's full name: _____

Home Phone : _____ Cell Phone _____

Home address: _____

Place of business/address: _____ Phone : _____

Mother/Guardian's full name: _____

Home Phone: _____ Cell Phone _____

Home address: _____

Place of business/address: _____ Phone : _____

Relative or friend to contact if unable to reach parent/guardian in the event of emergency:

Name & Relationship: _____

Phone _____

Insurance Carrier: _____

Insurance Policy Number: _____

Insurance is provided by which parent and/or place of employment? _____

Address and Phone Number of Company: _____

MEDICATIONS: *(EITHER A PHYSICIAN'S PRESCRIPTION OR A PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS. PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM.)* My child is taking the following medication(s):

Description _____ Dosage _____

Description _____ Dosage _____

I hereby grant permission for non-prescription medications to be given, if deemed appropriate.

Drug Allergies: _____

Other Allergies (food, plants, insects, etc.): _____

Other known diseases, disorders, or disabilities: _____

If you would like your youth to participate in parish activities, please sign and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by your youth.

In consideration for the opportunity for my child to participate in parish activities, and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless the Diocese of Pensacola-Tallahassee and _____Parish, and their employees, agents, volunteers, and other persons acting on their behalf. Neither the Diocese of Pensacola-Tallahassee, _____ Parish, nor said agents, employees, or volunteers, shall be held financially responsible for any injury, illness or death incurred as a direct or indirect result of this activity. We the undersigned have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I/we hereby authorize the Diocese of Pensacola-Tallahassee, and _____ Parish, through its authorized representatives, to transport my child to a hospital or other doctor's office or medical facility for emergency medical attention. I/We additionally authorize such representatives of the Diocese and/or School to obtain and give consent to whatever medical treatment the representative deems necessary, including the administering of anesthetic and surgery, and do hereby release the Diocese and _____Parish, and their authorized representatives from any and all claims which may arise from the above-referenced obtaining and consenting to medical treatment. I/We wish to be advised, if possible, prior to the providing of any non-emergency medical treatment by any physician or hospital.

Media Release

☐ I/we hereby give permission for the Diocese of Pensacola-Tallahassee and any of its affiliated organizations, including, but not limited to The Catholic Compass, to use the name of my child and/or his/her photograph for promotional, news, or public relations purposes in print and/or electronic media.

☐ I/we do not give permission for the Diocese of Pensacola-Tallahassee and any of its affiliated organizations, including, but not limited to The Catholic Compass, to use the name of my child and/or his/her photograph for promotional, news, or public relations purposes in print and/or electronic media.

_____

Print Parent/Guardian Name

_____ _____

Signature of Parent/Guardian **Date**

This form is to be kept at the parish and renewed annually

Assumption of Risk and Waiver of Liability Relating to COVID-19 (Family)

The novel coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Saint Sylvester Parish has put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you and/or your child(ren) (specifically named herein below) will not become infected with COVID-19. Furthermore, attending meetings, camps, retreats, events, activities, programs, functions, or gatherings of any kind sponsored by **Saint Sylvester Parish** could increase you and/or your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I, hereby acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I and/or my child(ren) may be exposed to or infected with COVID-19 by attending meetings, camps, retreats, events, activities, programs, functions, or gatherings of any kind and that such exposure or infection may result in infection, illness, personal injury, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, inactions, omissions, or negligence of myself, my child(ren), and/or others, including, but not limited to, clergy, teachers, employees, staff, coaches, volunteers, and other participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any infection, illness, sickness, damage, loss, expense, and/or liability of any kind (including, but not limited to, personal injury, disability, and death) (hereinafter "Claims"), that I and/or my child(ren) may experience or incur in connection with my attendance and/or my child(ren)'s attendance at meetings, events, activities, programs, functions, or gatherings of any kind sponsored by **Saint Sylvester Parish.**

On my behalf, and/or on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless **Saint Sylvester Parish**, William A. Wack, as Bishop of the Diocese of Pensacola-Tallahassee, the Diocese of Pensacola-Tallahassee, and all of their current, former, and future representatives, agents, clergy, teachers, employees, staff, coaches, and volunteers (collectively, "the Diocese") of and from all Claims, including all liabilities, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this assumption of risk, waiver, and release includes any Claims based on the actions, inactions, omissions, or negligence of the Diocese, whether a COVID-19 infection occurs before, during, or after participation in any meetings, events, activities, programs, functions, or gatherings of any kind sponsored by **Saint Sylvester Parish.**

This Assumption of Risk and Waiver of Liability Relating to COVID-19 is applicable to me and/or my child(ren) stated as follows (List children and Dates of Birth):

_____

_____

Signature of Parent/Guardian	Date	Witness	Date
Print Name	Date	Witness	Date