



Immaculate Conception Church

Religious Education
535 8th Street SW
Pine City, MN 55063

September 4, 2019

Dear Parents,

The 2019/2020 Religious Education Program for 1st through 11th grade students will be starting on Wednesday, September 25th. We look forward to working with you this year helping our young people know and love our Lord, His Church, and each other.

Enclosed is the registration material for the 2019/2020 Religious Education Program:

- Registration Form (complete front & back)
- Photography Release Statement
- Safe Environment Opt-Out form (no need to return unless you opt-out)
- Schedule of Wednesday sessions (please keep this handy reference)

Please complete and return these forms along with payment by **Wednesday, September 18th**. You can drop them at the Parish Office or Religious Ed Office. Or, send them via U.S. Mail to the address above.

We ask a registration fee of \$30 per child to help cover some of the cost of the program. If you are unable to cover the cost of the fee, please don't let that keep you from enrolling your family. Instead, please give me a call to have it waived.

All 12th grade students are welcome to join us on Wednesday evenings, free of charge. Please include them on a registration form if they plan to attend.

We are always looking for additional help at the elementary and high school levels. You may be able to help as a: catechist (elementary grades), small group leader (High School), substitute catechist or small group leader, behind the scenes helper, and high school snack family. Volunteering with young people in these programs is rewarding and fun. Plus, it is a great way for you to learn more about our faith, spend extra time with your child, and meet other members of our church. Please prayerfully consider joining us. If you can serve in any of these ways or have questions about how you might be able to help, please contact me at your earliest convenience.

Thank you in advance for registering your family by **Wednesday, September 18th**. If you would like to volunteer or have any questions or concerns about these programs, I can be reached by phone, 320-629-3911, or email at lynette.forbes.cardey@duluthcatholic.org

Peace,

D. Lynette Forbes-Cardey
Religious Education
Immaculate Conception Church, Pine City

2019/2020 Immaculate Conception Religious Education

Registration Form

Family Name: _____

Parent(s)/Legal Guardian(s): _____

Relationship to child/ren: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Contact's Name: _____ Phone #: _____

E-mail address: _____ Alternative Phone #: _____

Alternative Contact's Name: _____ Phone #: _____

E-mail address: _____ Alternative Phone #: _____

Are the parents/guardians both Catholic? Yes No Explain _____

Additional adult in the child/children's life we should know about:

Name: _____ Relationship: _____ Phone #: _____

Child 1:

First Name: _____ Middle Name: _____ Gender: F M
Last Name (if different from above): _____ Age ____ Grade ____
Birth Date (mm/dd/yy): _____ Baptized: Yes No
1st Communion: Yes No

MEDICAL ALERTS: *Please list any chronic diseases (diabetes, asthma, allergies, etc.) or necessary medical information (daily medications, behaviors, physical limitations, etc.) we may need to know.*

Child 2:

First Name: _____ Middle Name: _____ Gender: F M
Last Name (if different from above): _____ Age ____ Grade ____
Birth Date (mm/dd/yy): _____ Baptized: Yes No
1st Communion: Yes No

MEDICAL ALERTS: *Please list any chronic diseases (diabetes, asthma, allergies, etc.) or necessary medical information (daily medications, behaviors, physical limitations, etc.) we may need to know.*

Please use 'EXTRA FORM 2019/2020 for any additional children

A fee of \$30/child is asked to cover some of the cost of materials and resources. Please enclose payment along with your registration form. Checks may be made payable to: **Immaculate Conception Church**. Thank you!

Registration Fee: _____ # of children x \$30/Child = _____

**** **OVER** ****

Return to: Attn: Lynette, **Immaculate Conception Church**, 535 8th Street SW, Pine City, MN 55063

2019/2020 Immaculate Conception Religious Education
PARENT/LEGAL GUARDIAN PERMISSION FORM
AND INDEMNITY AGREEMENT

My CHILD/REN, (full names) _____
are eligible to participate in programs with the Immaculate Conception Church that require permission.
NOTE: These activities will take place under the guidance and supervision of staff and volunteers from Immaculate Conception Church.

All Faith Formation Programs during the 2019/2020 school year at Immaculate Conception Church/St. Mary's Academy.

I consent to the participation of my child/ward in the **Religious Education Program**. In consideration for my child/ward's participation, I agree to reimburse and indemnify Immaculate Conception Parish for all reasonable legal and court fees incurred by Immaculate Conception Church which relates to the above named activity if Immaculate Conception Church is found not legally liable by the courts and prevails in the lawsuit. If Immaculate Conception Church is found liable for injuries sustained by my child/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and the risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of Immaculate Conception Church to clarify any concerns or questions about the activity or this agreement that I may have had. I also remain legally responsible for any personal actions taken by my child/ward and will be liable for any damage caused by them.

Parent/Legal Guardian's Signature	Date	
Address	Primary Phone	Alternative Phone

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child/ward to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

MEDICAL INSURANCE COMPANY	PHONE NUMBER
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In the event of any emergency, if ICC is **unable to reach either guardian** at the numbers listed on the front, please contact:

Name	Relationship	Phone Number
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2019/2020 Immaculate Conception Religious Education

EXTRA FORM 2019/2020

Family Name: _____

Child 3:

First Name: _____ Middle Name: _____ Gender: F M
Last Name (if different then above): _____ Age ____ Grade ____
Birth Date (mm/dd/yy): _____ Baptized: Yes No
1st Communion: Yes No

MEDICAL ALERTS: *Please list any chronic diseases (diabetes, asthma, allergies, etc.) or necessary medical information (daily medications, behaviors, physical limitations, etc.) we may need to know.*

Child 4:

First Name: _____ Middle Name: _____ Gender: F M
Last Name (if different then above): _____ Age ____ Grade ____
Birth Date (mm/dd/yy): _____ Baptized: Yes No
1st Communion: Yes No

MEDICAL ALERTS: *Please list any chronic diseases (diabetes, asthma, allergies, etc.) or necessary medical information (daily medications, behaviors, physical limitations, etc.) we may need to know.*

Child 5:

First Name: _____ Middle Name: _____ Gender: F M
Last Name (if different then above): _____ Age ____ Grade ____
Birth Date (mm/dd/yy): _____ Baptized: Yes No
1st Communion: Yes No

MEDICAL ALERTS: *Please list any chronic diseases (diabetes, asthma, allergies, etc.) or necessary medical information (daily medications, behaviors, physical limitations, etc.) we may need to know.*

Child 6:

First Name: _____ Middle Name: _____ Gender: F M
Last Name (if different then above): _____ Age ____ Grade ____
Birth Date (mm/dd/yy): _____ Baptized: Yes No
1st Communion: Yes No

MEDICAL ALERTS: *Please list any chronic diseases (diabetes, asthma, allergies, etc.) or necessary medical information (daily medications, behaviors, physical limitations, etc.) we may need to know.*

Photography Release Statement

_____ I hereby grant permission for my child to be photographed and/or videotaped during Immaculate Conception Church functions, including Religious Education. I understand that my child may decline to be photographed and/or videotaped at any time. I understand that the resulting photographs and/or videotaped footage may be edited if necessary, and then published, including to the Immaculate Conception website, and/or broadcast for the purpose of promoting Immaculate Conception Church, which may include advertising materials, articles in the local newspaper or any other items that the priest may deem appropriate.

_____ I hereby decline to grant permission for my child to be photographed and/or videotaped during Immaculate Conception Church functions. I have instructed my child to decline to be photographed and/or videotaped at all times. I have further instructed my child to notify Immaculate Conception Coordinators that he/she may not be photographed and/or videotaped under any circumstances.

Name of Child: _____

Parent Signature: _____ Date: _____

***Return to:
Religious Education
Immaculate Conception Church,
535 8th Street SW,
Pine City, MN 55063***



Think First & Stay Safe!



Date: September 4, 2019

To: Religious Education Program Parents

Fr: Lynette Forbes-Cardey, Dir. of Religious Education

RE: Circle of Grace Safe Environment Program

As part of our on-going commitment to ensure the safety of your child/ren, safe environment programming is a part of our Religious Education Program. Students are not required to attend, but students and parents should understand the importance of this program. These lessons are part of the students' education about personal boundaries, appropriate interactions between adults and minors, and between minors themselves, and related personal safety issues. The presumption is that every child will participate in the lessons. Parents may choose to complete a waiver to excuse their child from the program. This can be found at the bottom of this letter or obtained from Lynette Forbes-Cardey at Immaculate Conception Church.

We will present lessons from the "Circle of Grace" Safe Environment Program. This program was selected by the Diocese of Duluth and developed by the Archdiocese of Omaha. Lessons will be presented during regularly scheduled Wednesday Religious Education classes and will be presented by Immaculate Conception staff and catechists. If you would like to preview the lessons or have questions about these presentations, please contact me at 320-629-3911 or lynette.forbes.cardey@duluthcatholic.org

Safe Environment Opt-Out 2019/2020

- _____ My child(ren) will **not** be attending Safe Environment Training provided by Immaculate Conception Church during the Religious Education Sessions.
- _____ Please send me a copy of the *Parent Information Sheet* for the Circle of Grace program to assist me/us in providing the training at home.

Child(ren) Full Name(s): _____

 Parent Signature

 Date