



St. John the Baptist Parish
Religious Education Enrollment
Grades K through 5
Marty Horning, Rel. Ed. Coordinator
mhorning@evdio.org
812-490-1000

PLEASE PRINT ALL INFORMATION 2023-2024 SCHOOL YEAR
Classes are in SJB School and are on Wednesdays from 4:00 pm to 5:00 pm.

Last Name _____

Email Address _____

_____ Address _____ City/Zip Code _____

(Father's Name)

Father's Cell Phone: _____

_____ Address _____ City/Zip Code _____

(Mother's Name)

Mother's Cell Phone: _____

If separated or divorced, with whom is the child living with? _____

Others designated to pick up child/ren after class: _____

Is your family registered with the parish? _____ YES _____ NO

If NO, would you like a registration form? _____

CHILD'S NAME	GRADE	DATE OF BIRTH	SCHOOL ATTENDING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SACRAMENTS that my child has received (Please check along with grade received)

NAME: _____ BAPTISM _____ RECONCILIATION _____ EUCHARIST _____ GRADE _____

NAME: _____ BAPTISM _____ RECONCILIATION _____ EUCHARIST _____ GRADE _____

NAME: _____ BAPTISM _____ RECONCILIATION _____ EUCHARIST _____ GRADE _____

Enrollment Fees

Registered Parishioner

\$45 per child -- \$120 max for 3+

After 9/1/2023 - \$55 per child -- \$150 max for 3+

Non-Registered parishioner

\$60 per child -- \$165 max for 3+

\$70 per child -- \$195 max for 3+

*No registration fee required for children whose parents volunteer as catechists.
Fees are waived for circumstances in which full payment would create a hardship on a family.
Please contact Marty Horning at 490-1000 or mhorning@evdio.org.*

Please see the other side for opportunities to be involved →

Please prayerfully review the various opportunities listed below and check any of which you would like to be a part. Our parents are our primary and greatest catechists.

_____ Catechist Guide children in faith formation geared to child's age level through the use of textbooks, lesson plans, supplemental materials, and sharing of one's Catholic faith.

_____ Team-Teach Two people work as a team. They can rotate if desired.

_____ Substitute Substitute or fill in for the catechist when she/he is sick. Materials and lesson plans will be provided.

_____ Aide Help catechist in the classroom with an extra pair of hands.

Comments, Questions, or Concerns from Parents:

MEDICAL INFORMATION
CATHOLIC DIOCESE OF EVANSVILLE (REV. 7/12)

Youth's Name: _____

Address: _____
(Street) (City, State, Zip)

Parent/Guardian
to Call in Emergency: _____
(Print Name) (Phone)

If Parent/Guardian
CANNOT be reached: _____
(Print Name) (Phone)

Family Physician: _____
(Print Name) (Phone)

Family Insurance Carrier: _____
(Print Name) (Phone)

Insurance Policy Number: _____

Are parents living together: ☐ Yes. ☐ No.

With whom does child live? ☐ Mother. ☐ Father. ☐ Other: _____

Is anyone, by court order or decree, designated as the sole, custodial parent? If so, list:

List anyone restrained from picking up child: _____

I understand it is my responsibility to keep the youth minister informed about such matters and to provide copies of relevant court orders and decrees to officials.

List any chronic or existing disease or medical problems (e.g. diabetes, asthma, epilepsy):

List any medications your child is taking on a regular basis:

Should it become necessary, please list any instructions for care of the above:

☐ Place "X" in box if it is **NOT** acceptable for your child to be provided over-the-counter medications (e.g., commonly used pain, allergy, or nausea medications).

Parent/Guardian Signature

Date

St. John the Baptist Catholic Parish

Office of Faith Formation

625 FRAME ROAD • NEWBURGH, IN 476301-604 • 812-490-1000 • FAX: 812-490-1010

www.sjbnewburgh.org

Text Message and Email Permission Form

To receive text messages or emails for youth programs, religious education programs, or emergencies, please provide the following information:

Parent Name: _____ Email: _____

Student Name: _____ Email: _____

Student Grade: _____ School _____ Age _____

Parent Cell Phone Number (____) ____-____ Cell Phone Carrier (e.g. Verizon, AT&T) _____

Student Cell Phone Number (____) ____-____ Cell Phone Carrier (e.g. Verizon, AT&T) _____

☐ I agree to allow St. John the Baptist to contact me by text message on my cell phone (Standard charges may apply to receive messages) or by email:

Parent Signature _____ Date: _____

If you have any questions please contact:

Mary Grady.....

Director of

Formation.....

812-490-1000

mgrady@evdio.org

DIOCESAN EVENT WAIVER AND RELEASE
CATHOLIC DIOCESE OF EVANSVILLE (REV. 7/14)

Youth's Name: _____ Age _____ Grade _____
Parish/School/Program: _____ City: _____
Event: **SJB Religious Education** Date(s): **2023 – 2024 School Year**

I/We, the parent(s)/guardian(s) of the above named youth, hereby give my/our approval for his/her participation in the above event. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify, and hold harmless the Bishop of the Catholic Diocese of Evansville, St. John the Baptist Parish, Claude Burns, Pastor and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to my/our youth or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event.

It is understood and agreed that neither the Parish, the Catholic Diocese of Evansville, any respective affiliate, successor, agent, employee, member, representative, adult sponsor, nor other volunteer is the insurer of my child's health and safety while he/she is at youth functions, engaged in supervised activities, including sports, or being transported in association with the event. I/We understand it to be my/our obligation to provide such insurance as I/we may desire to purchase to protect myself/ourselves and my/our child against the costs of sickness or injury.

In case of emergency or serious illness, should the above named child require medical treatment, and neither a parent nor the designated family physician can be contacted, consent is hereby granted for such medical treatment as may be considered necessary in the opinion of the attending physician.

I UNDERSTAND THAT MY SIGNATURE RELIEVES DIOCESAN AND/OR PARISH PERSONNEL OF ANY AND ALL LIABILITY RELATED TO THE ADMINISTRATION OF ANY PRESCRIBED MEDICATION LISTED ON THE DIOCESAN MEDICAL INFORMATION FORM (INCLUDING OVER-THE-COUNTER DRUGS).

Further, I/We acknowledge having read, or been made aware of the Diocesan Youth and/or Adult Codes of Conduct, the Diocesan Release for Media Recording, and the Diocesan Off-site Transportation Policy, and I/We agree to be bound by the terms and conditions set forth in those documents (copies available via www.evdio.org/diocesan-forms-for-oyaya.html). I acknowledge and understand that any action on behalf of my/our child/dependent that is inconsistent with the Diocesan Code of Conduct may result in appropriate disciplinary action as outlined in those documents.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Parent/Guardian Printed Name: _____

Signature: _____ Date: _____

Diocesan Use of Image/Media Recording Policy

The Diocese of Evansville and its affiliated parishes and schools may wish to use an image of your child in both print and electronic publicity. It is the practice of the Diocese of Evansville to protect all children at all times including the public use of their images.

By signing the Diocesan Event Waiver, parents/guardians give consent and agree that the Catholic Diocese of Evansville, its employees, or agents have the right to take photographs, videotape, or digital recordings of their child(ren)/ward(s) exclusively for the purpose of event/program promotion. Permission to use any videotape, photograph, slide, audiotape, or any other visual or audio reproduction in which your child may appear may include promotional activities such as, but not limited to, websites, social media sites, newsprint, flyers, or brochures. The Diocese of Evansville reserves the right to determine which images and likenesses are used and how long these will remain on the site or used in media materials.

The Catholic Diocese of Evansville its agents, and employees are given all rights to exhibit images, likenesses, or recordings of youth participants in print and electronic form. No financial or other remuneration will be provided for the use of any images, likenesses, or recordings, either for initial or subsequent transmission or playback.

The Diocese of Evansville will never sell the image, likeness, or other recording/rendering of participants at any diocesan event. Given the large number of youth participants at several diocesan events, individuals may not opt-out of the Diocesan Use of Image/Media Recording policy as we are not able to determine whether an individual who has chosen to opt-out is present in large group photos. Again, it is important to state that the Diocese of Evansville will never sell images, likenesses, renderings, or other recordings for any purpose, and every effort is made to protect the identities of young people (e.g., their full names are never published along with photos on our website or promotional materials).

The Diocese of Evansville is not responsible for third-party recordings made at events in which we participate but of which the Diocese of Evansville is not the primary planner or executor. Similarly, the Diocese of Evansville assumes no responsibility for unauthorized pictures, videos, or other recordings made via personal cellular phones or similar devices.