

FAITH FORMATION/SACRAMENT REGISTRATION FORM 2023-2024 (Holy Name & St. Leonard)

Please print clearly and fill out both sides of form. **RETURN BY September 17, 2023.**

Are you a new family to Faith Formation at Holy Name/St. Leonard? YES NO

Is your family officially registered at the parish? YES NO (you may participate without registering in the parish*)

***Note:** Please see the "Explanation of Programs" letter for details about sacramental requirements.

FAMILY LAST NAME _____ HOME PHONE _____

PRIMARY ADDRESS _____ City _____ Zip _____

Father's Name _____ Work Phone _____ Cell Phone _____

Mother's Name _____ Work Phone _____ Cell Phone _____

Email address/es for parish communications: _____

May we text you? YES (Name of Carrier: _____) NO

Child/ren is/are the primary responsibility of: _____ Mother _____ Father _____ Both

_____ Other: _____

MANDATORY: EMERGENCY CONTACT INFORMATION (if parent/guardian cannot be reached)

NAME _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

FAITH FORMATION PROGRAMS AVAILABLE: See letter for details

(FF) PRE-K-8 Family Formation (Must be at least age 3, toilet trained and used to preschool/daycare to attend.)

(RE) Reconciliation and First Eucharist Preparation (Gr. 2 and ↑; must participate in regular Faith Formation also.)

(CN) Confirmation Preparation (Gr. 9-12) **NOTE:** We will only hold Confirmation if we have at least 6 candidates.

Note: If your child needs to prepare for Reconciliation and Eucharist and is not yet Baptized, please contact Erin O'Leary.

LEARNER INFORMATION: K-8 learners should be in same grade level as in school for fall.

NAME (include last name only if different from family name above)	Birthdate	GRADE (as of Sept.)	Pre/School attending	PROGRAMS: Circle any that apply! (see codes below)
				FF RE CN
				FF RE CN
				FF RE CN
				FF RE CN

FAMILY POD PREFERENCES: See letter and calendar for details

Knowing what you know as of now, which Family Monthly Gathering session will be best for you? POD 1 POD 2

List 1 or 2 other families who you would prefer in your pod: _____

Due to family situations is there any Sunday of the month that would NOT work for you to attend a family pod session? (ie- your child is at another home on the first Sunday of each month) _____

HEALTH CONCERNS/SPECIAL NEEDS/SOCIAL ISSUES/CLASS REQUEST INFORMATION:

Please list health issues, allergies, special needs/disabilities, social issues, etc. so that we can provide proper care:

YOU MUST COMPLETE PAGES 2 and 3 TO REGISTER FOR PROGRAMS!

WAIVERS/AUTHORIZATIONS/RELEASES: Please review ALL information carefully!

By completing this form, I give permission to my child/ren to participate in the parish faith formation and sacramental programs and I warrant that my child/ren is/are in good health. In consideration of my child's participation, I agree to indemnify the Church of The Holy Name/St. Leonard of Port Maurice and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the Church of The Holy Name/St. Leonard of Port Maurice/Archdiocese of St. Paul & Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/suit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency during which I am not present, I give permission for 911 to be called and to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers, contact the person listed as the Emergency Contact on the front of this form.

CORONAVIRUS (COVID-19) ASSUMPTION OF RISK: I/We acknowledge and understand, the novel coronavirus, COVID-19 has been declared a worldwide pandemic by the World Health Organization. Further, that COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. I also acknowledge, that federal, state, and local governments and federal and state health agencies may recommend social distancing and have, in many locations, prohibited or limited the congregation of groups of people during outbreaks.

I agree, represent and warrant that neither the undersigned, nor any registered participant child(ren), or family members shall visit or utilize the facilities, programs, activities, or services of The Church of the Holy Name (Holy Name)/St. Leonard of Port Maurice within 14 days after (1) returning from outside the United States, (2) exposure to any person returning from outside the United States, or (3) exposure to any person who has a suspected or confirmed case of COVID-19.

I hereby agree, represent and warrant that neither the undersigned nor any registered participant child(ren) or family members shall visit or utilize the facilities, programs, activities, or services of Holy Name/St. Leonard of Port Maurice if he or she (1) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (2) has suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify Holy Name/St. Leonard of Port Maurice immediately if any of the foregoing access or use restrictions may apply.

Holy Name and St. Leonard of Port Maurice have put in place preventative measures to reduce the spread of COVID-19. I agree to comply with any measures that the parish may require to best protect against the introduction of viruses at the parish, including, but not limited to, hygiene practices and temperature screening, related to myself and/or my child(ren)/family members. The Church of the Holy Name/St. Leonard of Port Maurice cannot guarantee that my I/we or my/our child(ren) or family members will not become infected with COVID-19. I understand and agree that attending Holy Name/St. Leonard of Port Maurice could increase my/our risk and my child(ren)'s/family members' risk of contracting COVID-19.

By signing this registration, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren)/family members and I may be exposed to or infected by COVID-19 by participating in programs of or attending the parish and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the parish may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Holy Name employees, parish volunteers, and program participants and their families.

SOCIAL MEDIA OR OTHER ELECTRONIC COMMUNICATION INVOLVING MINORS: In order to ensure transparency and parental involvement, The Church of the Holy Name is requesting that parents and guardians provide authorization for Holy Name leaders to electronically communicate with minors via platforms such as Zoom and email. Such communications must comply with applicable Archdiocesan policies, including restrictions on private communications with minors. Parents will be included in all communication.

I/We grant permission for staff at Holy Name to communicate with My Child electronically. I understand that such communications are for Holy Name/St. Leonard of Port Maurice parish purposes only and may involve group communications relating to Faith Formation parish activities. Further, I/we understand and authorize that such electronic communications may be made via email, telephone and cell phone, social media, digital networking, and other electronic means. I/We also understand that communications will be accessible or viewable by others who are participating in these activities. **I/We further acknowledge that it is the policy of The Church of the Holy Name/St. Leonard of Port Maurice that a parent/guardian must be present with any minor child/ren who are participating in parish activities via any of the above electronic or digital means.**

RELEASE FOR USE OF VISUAL LIKENESSES AND ORIGINAL WORKS: Unless you notify the office in writing, The Church of the Holy Name assumes permission to use your and your child/ren's photo and/or artwork/other original works **(without full name identification)** in the bulletin, on the website or in parish publicity information. This includes group sacrament photos. You also grant the following rights to The Church of the Holy Name and the Archdiocese of Saint Paul and Minneapolis:

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1. The right to use all photographs, pictures, portraits, vocal sounds, appearances/likenesses, video and performances (hereinafter collectively known as "image") of me/us in the possession of The Church of the Holy Name;
2. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of me individually or in conjunction with other images or printed matter, in the production of brochures, slides, motion pictures, broadcasts (radio, television, and other social and digital media), audio or video files, recordings, still photography, CD-Rom and any other manner of media now known or later developed including The Church of the Holy Name/St. Leonard of Port Maurice and the Archdioceses of St. Paul and Minneapolis Internet websites (No home address or phone number will be published.);
3. The right to record, reproduce, amplify, edit, and simulate my image and all sound effects produced;
4. The right to copyright, in the name of The Church of the Holy Name and the Archdiocese of Saint Paul and Minneapolis, works that contain the image of me;
5. The right to assign the above-mentioned rights to third parties without notice to me.

You further acknowledge that the video files, still photos, or other media incorporating any images of you will become the property of The Church of the Holy Name/St. Leonard of Port Maurice and hereby waive the right to inspect or approve the image or any finished materials that incorporate the image. You also acknowledge that you understand and agree that no compensation will be provided, now or in the future, in connection with the use of your image or original work.

You also agree to hereby release, discharge, and agree to indemnify and hold harmless The Church of the Holy Name/St. Leonard of Port Maurice, the Archdiocese of Saint Paul and Minneapolis, and their agents, employees and assigns from any and all claims, demands, right, and causes of action of whatever kind that you have or may have or may arise by reason of this authorization and from the use of your image and original work, including but not limited to, all claims for libel and invasion of privacy.

This consent regarding your likeness and original work is valid until such time as you choose to rescind this authorization and consent. If you choose to rescind this authorization and consent, you agree that you will inform The Church of the Holy Name in writing and that your rescission will not take effect until it is received by Holy Name. You further acknowledge that it may not be possible to recall any work or photos that have been published prior to receipt of your written rescission.

ACKNOWLEDGEMENT: This Disclosure, Authorization, Acknowledgement and Consent form is valid for one year.

I/We have read the above Disclosures, Authorizations, Acknowledgements, Waivers and Consents, have had the opportunity to consider their terms, and understand them. I/We execute this document voluntarily and with knowledge of its significance.

Parent/Legal Guardian Name (s) (please print): _____

Signature of Parent/Guardian: _____ Date: _____

FAITH FORMATION TUITION/FEE INFORMATION

Annual Tuition Preschool-8th Grade and
First Reconciliation/Eucharist: \$25.00 per child

Tuition for Confirmation:
\$75 per youth (this includes our retreat, etc.)

If you cannot pay the full cost of formation and Sacramental programs at the time of registration, please do turn in your form on time. Payment/financial aid plans may be made by contacting Erin O'Leary as soon as possible. **We do not wish anyone to miss participation due to financial concerns! All information will be kept confidential.**

NEW FAMILIES ONLY: Sacrament Information

If your family is not registered at the Church of the Holy Name, and you are new to Faith Formation here, please list the **year and parish/church location** for any Sacraments your child (or children) has (have) previously received.

CHILD'S NAME	SACRAMENT/YEAR	PARISH/CHURCH
_____	_____	_____
_____	_____	_____
_____	_____	_____

TUITION TOTALS OWED 2023-2024:

(See tuition above for amounts.)

Preschool-8th Grade Formation or Reconciliation and Eucharist Preparation:

Enrolled: _____ Amount Due: \$ _____

Confirmation Preparation:

Enrolled: _____ Amount Due: \$ _____

TOTAL TUITION/FEE DUE: \$ _____

Please make checks payable to Church of the Holy Name.

INTERNAL USE ONLY:

<u>Amount Due</u>	<u>Amount Paid</u>	<u>Check #</u>	<u>Date Received</u>	<u>Received By</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____