

**SAN SEBASTIAN CATHOLIC CHURCH Registration for Religious Education—2020-2021**

**NAMES**

**CONTACT NUMBERS**

FATHER: \_\_\_\_\_

Cell \_\_\_\_\_

MOTHER: \_\_\_\_\_

Cell \_\_\_\_\_

Marital Status: Married \_\_\_ Divorced: \_\_\_ Separated: \_\_\_ Single: \_\_\_ Widow: \_\_\_

Child/Children live with: \_\_\_ Father \_\_\_ Mother \_\_\_ Both \_\_\_ Other \_\_\_\_\_

Does other parent have legal access? \_\_\_ Yes \_\_\_ No

**Email is our primary source of communication. Please provide a VALID EMAIL that is CHECKED regularly**

Email \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

<b>Student 1</b>	
Name _____	Nickname _____
Entering Grade _____	Age _____ Birth Date _____
Last attended Religious Education at _____	Parish _____
Medical/Special Needs _____	
Baptized Catholic? Yes No	First Communion? Yes No Confirmation? Yes No

<b>Student 2</b>	
Name _____	Nickname _____
Entering Grade _____	Age _____ Birth Date _____
Last attended Religious Education at _____	Parish _____
Medical/Special Needs _____	
Baptized Catholic? Yes No	First Communion? Yes No Confirmation? Yes No

<b>Student 3</b>	
Name _____	Nickname _____
Entering Grade _____	Age _____ Birth Date _____
Last attended Religious Education at _____	Parish _____
Medical/Special Needs _____	
Baptized Catholic? Yes No	First Communion? Yes No Confirmation? Yes No

**Registration Fee**

One Child \$50.00

Family Rate \$70.00

Scholarships are available

**Payment information:**

Cash

Check#

Amount Paid \_\_\_\_\_

Date \_\_\_\_\_

Additional Donation \_\_\_\_\_ Scholarships \_\_\_\_\_ Building \_\_\_\_\_

**San Sebastian Catholic Church**  
1112 State Road 16, St. Augustine, Florida 32084 904-824-6625

**Permission to Participate**

I request that my child, \_\_\_\_\_, be allowed to participate in the San Sebastian Catholic Church Religious Education/Sacramental Preparation Program(s). I grant permission for the Diocesan employees or volunteers to administer first aid and to seek emergency medical treatment in the event that such treatment is deemed necessary. I grant my permission to those administering medical treatment to do so. I release and hold harmless the Diocese of St. Augustine, Bishop Felipe J. Estévez, S.T.D., as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Felipe J. Estévez, S.T.D., individually, San Sebastian Church and employees and agents of said parties engaged in this particular event, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property of the child, or death, caused by negligence or otherwise, while the child is engaged in the above-stated event. The undersigned expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this Agreement on behalf of the child, and the child's parents, personal representatives, assigns, heirs and next of kin.

\_\_\_\_\_  
Parent/Guardian/Representative Signature

\_\_\_\_\_  
Date

**Child Photography Release Form**

Without compensation, I hereby grant permission to the Catholic Diocese of St. Augustine to use and reproduce photographs and/or video taken of my child. These photographs may be used for news and editorial purposes in publications and other electronic reproductions (websites and video, including livestream) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as, the parish/church and/or school involved, the Bishop of the Diocese of St. Augustine, a corporation sole, the Catholic Diocese of St. Augustine and all of their employees and agents, from all claims and liability relating to said photographs.

Child's Name (Printed): \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Cell: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ I do not grant the above Photography release.



## **Assumption of Risk and Waiver of Liability Relating to COVID-19**

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 through 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. San Sebastian Parish has put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you or your child(ren) will not become infected with COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending programs offered by 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, staff, coaches, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at any parish sponsored programming (“claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless San Sebastian Parish and the Diocese of St. Augustine, and all of their current, former, and future agents, representatives, religious and employees and related entities (collectively, “the Diocese”) of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the Diocese, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any parish program.

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*Signature of Parent/Guardian*

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*Date*

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*Print Name of Parent/Guardian*

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*Name of Student*

**YOUTH RELEASE OF LIABILITY AND MEDICAL INFORMATION**  
**Diocese of Saint Augustine**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child.

(Of the following statements pertaining to medical matters, sign only in accordance with your wishes.)

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I hereby give permission to the Diocese of St. Augustine's employees, volunteers or representatives to seek medical treatment for my child above named.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Diocese of St. Augustine's representatives or volunteers to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for any child above named.

In the event of an emergency, if you are unable to reach me at the above number, contact:

Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I make the following exception: \_\_\_\_\_

My child's Medications/Dosages: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Doctor: \_\_\_\_\_

Medical Problem or Condition (allergies, diabetes): \_\_\_\_\_

Condition: \_\_\_\_\_ Symptoms \_\_\_\_\_

Physical Disabilities: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian and printed name Date

**OTHER MEDICAL TREATMENT:** In the event it comes to the attention of the Diocese of St. Augustine volunteers or representatives that my child is injured to a minor degree (that I would treat at home) or becomes ill with symptoms such as headache, vomiting, sore throat, fever or diarrhea, I hereby give permission for over-the-counter medication to be administered to my child according to package directions. Write "NO" on the line below if you do not wish for medication to be applied or administered by diocesan representative.

\_\_\_\_\_  
Signature of Parent/Guardian and printed name Date

Parent/Guardian has added \_\_\_\_\_ has not added \_\_\_\_\_ health information on reverse of this form.  
OCF-Y-YA 2009



# SAN SEBASTIAN CATHOLIC CHURCH

## Parent Pick-Up Release Form

To better ensure the safety of your child, we are asking that all parent/ guardians fill out this Pick-Up Release Form. We realize that there may be times when someone other than yourself may have to pick up your child from Religious Education Class. Please complete this form at the bottom of the page and return it to Susan Donlon.

If we do not know the person coming in to pick up your child, we will ask for a picture I.D. We still ask that if possible, call Susan at 904-315-1352 to inform us that someone other than yourself, or someone listed below will be picking up your child.

Please return this form with your Registration Forms by September 9th.

**Please list ALL people, including yourself, who are allowed to pick up your child. If at any time, you need to make changes or add someone, please contact Susan Donlon.**

	NAME	RELATIONSHIP TO CHILD
1		
2		
3		
4		
5		
6		
7		
<b>PRINT Student's Name:</b>		
<b>Date:</b>		
<b>Parent/Guardian Signature:</b>		

# San Sebastian Religious Education Program 2020/2021

We ask everyone to follow these procedures so we may maintain social distancing.

## Drop Off Line Procedures:

Class is from **6:00pm – 7:10pm**. Drop Off begins at **5:40pm and ends at 6:15pm**

Please drive around to the west side of the back parking lot. You may enter the parking lot through the front lot or enter at Glimpse of Glory Road and continue around to the west side of the lot. Form a single line as you head towards the Enrichment Center. A volunteer will be available near the entrance to the Enrichment Center. Class begins at 6:00pm.

- Enter the designated drop-off lane and proceed forward slowly.
- Continue forward slowly until reaching the safety "Cone Zone" before stopping to let students out. Please pull all the way to the front of the "Cone Zone," even if there is no one behind you.
- Make sure the passenger door is unlocked and if needed, give the aides or volunteers who are working as valets a sign that it is okay for them to open your vehicle door.
- Follow the hand signals and instructions of those working the Drop Off Line.
- **Wait** until students complete **health questionnaire and temperature check**. Once students are approved to stay for class, vehicle is free to pull forward and exit to Glimpse of Glory Road.

## Pick-Up Line Procedures:

Class ends at **7:10pm**. Students will be released to their designated driver only.

- Pull into the Pick-Up Line zone which starts at the South West Entrance to the rear parking lot.
- Remain in your vehicle and follow the line as it moves forward.
- Parent or designated guardian should place PICK UP SIGN in the front passenger window. SIGN (issued by the Program Office) should have the names of all children listed.
- As you approach the Enrichment Center Entrance, a staff member will ask for your child(ren)'s name.
- Names will be announced and students will be pulled from their classrooms while maintaining social distance.
- Students will be accompanied to their vehicle by masked volunteers
- Once your child(ren) is safely in your vehicle in his/her booster seat (if applicable) with his/her seatbelt fastened, please exit the Pick-Up Line to make room for more cars.

## Important Safety Rules & Reminders:

It is important to be safe and courteous when driving or parking near the Enrichment Center. Do not park in the drop off/pick up line

- All students must be dropped off at the entrance through the Drop Off /Pick-Up Line.
- Do not double-park in order to drop off or pick up your child(ren).

**Note that these procedures may be modified as needed in our ongoing efforts to ensure student safety.**

## **San Sebastian will follow the Diocesan Guidelines for Safety listed below.**

Please know that the safety of your children and our Catechists is of utmost importance. These guidelines are designed to create a safe environment for everyone to learn and grow. There is still so much unknown about Covid 19 – we will adjust these guidelines as new information becomes available. Thank you.



## **Employee, Volunteer, and Student Safety in Religious Education Classes due to Covid 19 Dated July 17, 2020**

### **Classrooms, restrooms, common areas**

Prior to student arrival, each space to be used for religious education will be disinfected. This would include all surfaces, door handles, desks. The same protocol will occur after each classroom session in preparation for either the next set of classes or for the next parish group utilizing the facility.

Student textbooks will remain at the parish in a plastic bag for the student to use each week. Common materials such as markers, crayons, etc will be individually packaged to be used only by one child.

### **Safe Distancing**

Safe distancing has been proven to be an effective way to prevent potential infection. Employees, volunteers, children, and parents should be at safe distances from one another and eliminate any contact with one another whenever possible. **[We will have a maximum of 8 students in our smaller classrooms and 12 in our 2 large rooms. Desks will be spaced to socially distance students. We will use the Knights Hall if needed.]**

### **Visitor Restrictions**

Visitors will be limited and admitted with same protocols as employees and regular volunteers. All must wear masks.

### **Employee and Volunteer Screening and Protocols**

To help prevent the spread of Covid-19 and to reduce the risk of exposure to all on our parish campuses, we will require those coming to volunteer for religious education to self-screen with the following symptoms:

- Cough
- Shortness of breath or difficulty breathing
- Chills
- Muscle pain
- Headache
- Sore throat
- Loss of taste or smell

- Diarrhea
- Fever of 100.4 or above
- Known contact with a person who is lab confirmed to have COVID-19
- A person who has traveled outside the area over the last two weeks.

The temperature of all volunteers will be taken prior to their entry into the buildings. This will be done with a contactless infrared forehead thermometer. Adults or teens with a temperature of 100.4 or above will not be admitted and will need to be sent back home. If a diagnosis of Covid 19 is made, this person cannot return until after a 2-week quarantine period.

All staff and volunteers will wear masks, except if they are presenting the lesson.

## **Students**

To help prevent the spread of Covid-19 and to reduce the risk of exposure to all on our parish campuses, we will require those coming for religious education classes to self-screen with the following symptoms:

- Cough
- Shortness of breath or difficulty breathing
- Chills
- Muscle pain
- Headache
- Sore throat
- Loss of taste or smell
- Diarrhea
- Fever of 100.4 or above
- Known contact with a person who is lab confirmed to have COVID-19
- A person who has traveled outside the area over the last two weeks.

**[All students will complete a brief health screen checklist using these items & have a temperature check before being dropped off for class. If student, or family member has any of these symptoms, please stay home. Make-Up work will be provided to you.]**

All children will be expected to **wear masks**, unless for a medical reason they are unable to.

The temperature of all students will be taken prior to their entry into the buildings. By adult cleared volunteers. This will be done with a contactless infrared forehead thermometer. Parents/Guardians are asked to wait until screening is completed before exiting the parking lot.

Regarding carpooling to and from religious education: caution is strongly recommended on this practice, but it is up to the parent to discern the safety of this practice for their children.

Restroom breaks will be discouraged. Class sessions are no more than 70 minutes. If a child does need to use the restroom, they will go one at a time and the space will be disinfected afterwards.

These protocols will be updated as need be as the situation continues to evolve, so subject to change as new information is available.