

SAN SEBASTIAN CATHOLIC CHURCH Registration for Religious Education—2021-2022

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

Student 1

Name _____ Nickname _____

THU

Entering Grade _____ Age _____ Birth Date _____

Last attended Religious Education at _____ Parish

WED

Medical/Special Needs _____

Baptized Catholic? Yes No First Communion? Yes No Confirmation? Yes No

Student 2

Name _____ Nickname _____

THU

Entering Grade _____ Age _____ Birth Date _____

Last attended Religious Education at _____ Parish

WED

Medical/Special Needs _____

Baptized Catholic? Yes No First Communion? Yes No Confirmation? Yes No

Student 3

Name _____ Nickname _____

THU

Entering Grade _____ Age _____ Birth Date _____

Last attended Religious Education at _____ Parish

WED

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.

Acknowledgement and Consent of Divorced Parents or Legal guardians

We, _____ {print names of
parents or Legal Guardians} hereby acknowledge that we have read and
understand the above Rights and Responsibilities of the Divorced,
Separated Parents, or Legal Guardians when enrolling a child/youth in the
parish's Faith Formation Program and/or Sacramental Preparation.

We consent to the enrollment of {Print Names of children/youth}

in the Parish Faith Formation Program and we consent to his/her reception
of the Sacraments.

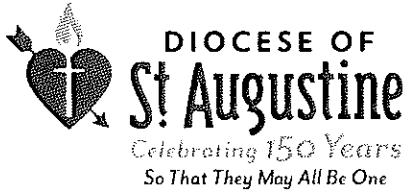
Signature of Parent/Legal Guardian (enrolling)

Date

Signature of Parent/Legal Guardian (non-enrolling)

Date

Maintain original in parish office, provide copy of policy and form to parents/guardians.



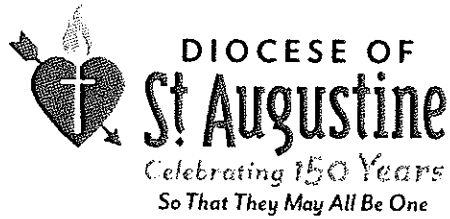
Rights and Responsibilities of Parents and Guardians in Parish Faith Formation Programs

This policy is provided for guidance to parishes regarding separated and divorced parents when they come to the parish to enroll their children and youth for Faith Formation Programming and for the reception of the Sacraments. It is also meant to protect the rights of parents and legal guardians in their desires to form their children in a faith, whether Catholic or otherwise. It is in the best interest of the children/youth to have everyone on the same page in these cases.

1. It is the obligation and the right of the Catholic Church to provide and support the faith development of its baptized members. Therefore, in the case of a child/youth baptized in the Catholic faith, either parent or a legal guardian can enroll their child in Faith Formation and/or Sacramental Preparation in the Diocese of St. Augustine at their domicile parish. The assumption is made that once the child has been baptized Catholic, the other sacraments should ensue.
2. When a child who is not baptized Catholic, is brought forward for Faith Formation and/or Sacramental Preparation, the person who enrolls the child or youth must provide either: (1) written consent of the other non-enrolling parent or legal guardian on the form provided below or (2) appropriate legal documentation at the time of enrollment of his/her sole authority to enroll the child. This could be a court order or other formal documentation.

Unless the parish is provided with a court order to the contrary, the person who enrolls the child/youth at the parish will be deemed the primary contact person for all Faith Formation related issues involving the child/youth. However, either parent or legal guardian may be entitled, upon reasonable request and consistent with any specific limitation of a court document, to have equal access to documents or other information concerning the child/youth's instruction at the parish.

In the case of conflicting instructions regarding the faith formation of a baptized Catholic, the parish will request that both parents and/or the guardians seek appropriate court instructions for the parish. All faith formation programs in the Diocese of St. Augustine will respect and comply with lawful court orders.



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.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

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

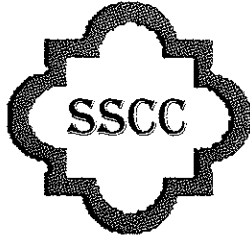
OTHER MEDICAL TREATMENT: In the event it comes to the attention of the Diocese of St. Augustine volunteers or representatives that my child is injured to a minor degree (that I would treat at home) or becomes ill with symptoms such as headache, vomiting, sore throat, fever or diarrhea, I hereby give 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		
PRINT Student's Name:		
Date:		
Parent/Guardian Signature:		

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.

DATE: _____ **FAMILY NUMBER:** _____

NAME: _____ **GRADE:** _____

COVID SCREENING:

Have you experienced any of the following symptoms in the past week:

- 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.

Current Temp Checked **PICKED UP BY** _____

DATE: _____ **FAMILY NUMBER:** _____

NAME: _____ **GRADE:** _____

COVID SCREENING:

Have you experienced any of the following symptoms in the past week:

- 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.

Current Temp Checked **PICKED UP BY** _____