

## St. Remy CCD, Youth Ministry & Liturgical Assistants Registration Form

Return to:  
 St. Remy Church  
 Karen Rosenbeck  
 108 E. Main St.  
 Russia, OH 45363  
 937-526-3437

Fees are due upon registration\*  
 1 child = \$30.00  
 2 children = \$60.00  
 3 children = 90.00  
 4 or more = \$110.00  
 Checks payable to *St. Remy Church*

For Parish Use:  
 Parish \_\_\_\_\_  
 Amt. Due \_\_\_\_\_  
 Paid \_\_\_\_\_

PLEASE PRINT CONTACT INFO:		
	FATHER	MOTHER (if different than father)
NAME		
ADDRESS		
CELL #		
HOME #		
E-MAIL		

**1. Child's name** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade entering:** \_\_\_\_\_

Check all that apply:  
 \_\_\_\_\_ Baptism    \_\_\_\_\_ Reconciliation    \_\_\_\_\_ Communion    \_\_\_\_\_ Confirmation

Child's church of baptism: \_\_\_\_\_  
 (Attach baptismal certificate if not St. Remy's, unless it is already on file in parish office.)

**2. Child's name** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade entering:** \_\_\_\_\_

Check all that apply:  
 \_\_\_\_\_ Baptism    \_\_\_\_\_ Reconciliation    \_\_\_\_\_ Communion    \_\_\_\_\_ Confirmation

Child's church of baptism: \_\_\_\_\_  
 (Attach baptismal certificate if not St. Remy's, unless it is already on file in parish office.)

**3. Child's name** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade entering:** \_\_\_\_\_

Check all that apply:  
 \_\_\_\_\_ Baptism    \_\_\_\_\_ Reconciliation    \_\_\_\_\_ Communion    \_\_\_\_\_ Confirmation

Child's church of baptism: \_\_\_\_\_  
 (Attach baptismal certificate if not St. Remy's, unless it is already on file in parish office.)

**4. Child's name** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade entering:** \_\_\_\_\_

Check all that apply:  
 \_\_\_\_\_ Baptism    \_\_\_\_\_ Reconciliation    \_\_\_\_\_ Communion    \_\_\_\_\_ Confirmation

Child's church of baptism: \_\_\_\_\_  
 (Attach baptismal certificate if not St. Remy's, unless it is already on file in parish office.)

**5. Child's name** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade entering:** \_\_\_\_\_

Check all that apply:  
 \_\_\_\_\_ Baptism    \_\_\_\_\_ Reconciliation    \_\_\_\_\_ Communion    \_\_\_\_\_ Confirmation

Child's church of baptism: \_\_\_\_\_  
 (Attach baptismal certificate if not St. Remy's, unless it is already on file in parish office.)

6. **Child's name** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade entering:** \_\_\_\_\_

Check all that apply:

\_\_\_\_\_ Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation

Child's church of baptism: \_\_\_\_\_

(Attach baptismal certificate if not St. Remy's, unless it is already on file in parish office.)

7. **Child's name** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade entering:** \_\_\_\_\_

Check all that apply:

\_\_\_\_\_ Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation

Child's church of baptism: \_\_\_\_\_

(Attach baptismal certificate if not St. Remy's, unless it is already on file in parish office.)

\*St. Remy Church is dedicated to spreading God's Word to all, regardless of your financial situation. If you are unable to make the full payment, or no payment at all, please check here \_\_\_\_\_.

**Program Details:**

Church Agency: St. Remy Church

Starting date for elementary grades: August 19, 2020 / Ending date for elementary grades: May 25, 2021

Starting date for junior high & high school: August 26, 2020 / Ending date for JH & HS: May 5, 2021

Location: classrooms on St. Remy Church property & Russia Local School.

Day and time of classes:

Elementary grades: scheduled release time from Russia Local School

Junior high & high school classes held on Wednesday evening from 7:00-8:00 pm

Catechists: Please call the Parish Office for complete listing.

Parish Office: 937-526-3437 Pastor: Fr Martin Fox CRE: Karen Rosenbeck 937-638-9630

Activities: classroom instruction

# ST. REMY'S CCD DISCIPLINE CODE

In order to conduct St. Remy's CCD classes in a reverent manner and to maintain the appropriate teaching and learning environment, it is necessary that certain disciplinary rules and regulations be adhered to for the benefit of the students and teacher. Specifically, teaching and learning is to occur without disruption.

## STUDENT CODE OF CONDUCT

1. Students must comply with the instructions of the teacher the first time given and every time thereafter.
2. Students must not talk while the teacher is speaking unless the teacher gives students prior permission. This includes conversations with other students.
3. Students must raise their hands to get permission to speak.
4. Students are to stay in their seats unless permission is given by the teacher.
5. Students may not use cell phones or any type of electronic device during class.
6. Students must not disrupt the learning process in any way. Students are to respect other's feelings and property and students are to keep hands to themselves.
7. No food or drink in the classroom, unless teacher has given permission.

## CONSEQUENCES FOR MISBEHAVIOR

1. Verbal Warning (the teacher will explain what rule was not followed and the consequences that could follow).
2. Parent Notice –record the 2<sup>nd</sup> Incident (the teacher will record the 2<sup>nd</sup> violation on the Student Disciplinary Form)
3. Phone call from the CRE to the parents.
4. Conference (after verbal warning from teacher to student, a written discipline form sent from teacher to parent and the CRE contacting parents; then a meeting will be held involving teacher, CRE, and at least one parent).
5. Repeated Violations (Repeated discipline problems will result in a conference with all involved parties and Father Fox).

### CCD DISCIPLINE CODE

I have read the attached St. Remy CCD Discipline Code. I agree to the rules and regulations stated and understand there are consequences for misbehavior.

\_\_\_\_\_  
Student's name (each student in family signs here)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parental review and signature

\_\_\_\_\_  
Date

### IN LIEU OF THE CHILD PROTECTION POLICY

If your child will be absent for any CCD class, parents are to do one of the following:

Call the parish office, 937-526-3437  
Text Karen Rosenbeck, 937-638-9630  
E-mail Karen Rosenbeck, [stremydre@roadrunner.com](mailto:stremydre@roadrunner.com)

\*\*\*\*\*Please keep this contact info on hand. \*\*\*\*\*

**St. Remy Religious Education Classes Permission slip**

**PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT FORM (rev. 7-2020)**

1. I, the custodial parent/legal guardian of (the "Child"), give permission for my Child to participate in the activity described on the Activity Information Form (the "Activity") and release from all liability, indemnify, and hold harmless \_\_\_\_\_ (print name of parish and school) ("Parish and School"), the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, all parishes and schools within the Archdiocese, and all of their agents, representatives, volunteers, and employees from any and all liability, claims, judgments, damages, costs and expenses, including attorneys' fees, arising out of any injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), or death, (including any injury, illness, infectious and/or communicable disease, or death caused by the negligence of Parish and School, the Archbishop, the Archdiocese, any parish or school within the Archdiocese, or any of their agents, representatives, volunteers, or employees) incurred by my Child while participating in the Activity, traveling to or from the Activity, or while using the facilities and equipment of the Parish and School. I further agree not to bring or prosecute or allow to be brought or prosecuted (including, but not limited to, prosecution through subrogation) in my name, or on behalf of my Child, any claims, lawsuits, or actions against Parish and School, the Archbishop, the Archdiocese, all parishes and schools within the Archdiocese, or their agents, representatives, volunteers, and employees.
2. I understand that my Child's participation in the Activity is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, agree to my Child's participation in the Activity in spite of the risks of injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), and death. I agree that if my Child has underlying health concerns which may place him/her at greater risk of contracting COVID-19 or that would possibly increase the severity of illness if COVID-19 is contracted, then my Child and I will consult with a health care professional before participating in the Activity.
3. I agree to instruct my Child to cooperate with the agents of Parish and School and/or the Archdiocese who are in charge of the Activity.
4. I authorize the agents of Parish and School and/or the Archdiocese who are acting as leaders of the Activity to seek medical treatment for my Child in the event of any injury, illness, or medical emergency during the Activity or related travel. I understand that the agents of Parish and School and/or the Archdiocese will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my Child.

5. **Please indicate.** I \_\_\_\_ agree \_\_\_\_ do not agree that Parish and School and/or the Archdiocese may use my Child's portrait or photograph for promotional purposes, website, and office functions.
6. **Please indicate.** I \_\_\_\_ agree \_\_\_\_ do not agree that Parish and School and/or the Archdiocese may use social media and technology to communicate with my Child regarding parish/school related ministry activities.

My child's cell number: \_\_\_\_\_ My child's email address: \_\_\_\_\_

7. This Permission, Release, and Authorization is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This Permission, Release,

and Authorization shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.

- 8. Parish and School, the Archdiocese, the Archbishop and their agents, employees, and volunteers shall have no liability whatsoever in the event the Activity is cancelled due, in whole or in part, to any present or future pandemic, epidemic, widespread disease or illness, public health concern, or circumstances arising therefrom, or from actions taken by any governmental or municipal authority to prevent, avoid, or mitigate the impacts thereof.

I have carefully read and understand and accept the terms and conditions stated herein and I acknowledge and agree that this Permission, Release, and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and our personal representatives, estates, assigns, heirs, and next of kin. I have signed below of my own free will.

Signature of Custodial Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Place of Employment & Address \_\_\_\_\_

Custodial Parent/Legal Guardian Phone No. (cell): \_\_\_\_\_; (other phone no.): \_\_\_\_\_

Emergency Contact Phone No. (cell): \_\_\_\_\_; (other phone no.): \_\_\_\_\_

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**Medical Information (Please pick up and turn in ONE Emergency Medical Form per child.)**  
All emergency medical information will be collected from St. Remy’s annually. To participate in any of St. Remy’s youth activities an emergency medical form is required. If any changes to your son’s/daughter’s medical information occurs during the year, please notify the St. Remy office immediately. (Available online at stremychurch.com in tab and non-tab form.)