

Father's Name: _____
 First Last Cell Phone with area

DOB Ethnicity

Religion Occupation

Mother's Name: _____
 First Last Cell Phone with area

DOB Maiden Name Ethnicity

Religion Occupation

Mailing address: _____
 Street City/State Zip

Address Mail to: _____ **Languages spoken at home:** _____
 (Mr. & Mrs. Dr, Ms., etc.)

Email is our primary source of communication. Please provide a valid email address that is checked regularly.

Primary Email: _____ **Relationship:** (Father/Mother/Home/Other)

Additional Email: _____ **Relationship:** (Father/Mother/Home/Other)

Marital Status: Married: _____ Divorced: _____ Separated: _____ Widow: _____

Child/children live with: Father: _____ Mother: _____ Both: _____ Other: _____

If Applicable: Does other parent have legal access? Yes: _____ No: _____

Are your family registered members of Our Lady Star of the Sea? Yes: _____ No: _____

If no, Church of affiliation: _____

Have you previously participated in Faith Formation at Our Lady Star of the Sea? Yes: _____ No: _____

If no, have you been involved with another Faith Formation/Religious Education program?

Yes: ___ No: ___ If yes, Name & Location: _____

Our program relies on parent volunteers.

Please consider volunteering for Faith Formation. Parent volunteers are needed in the following areas:

Catechist: _____ Catechist Aide: _____ Temperature Taker: _____ Door Monitor: _____ Substitute: _____

Student Registration Page: If your child is in 3rd grade or higher and has not been Baptized and/or has not received Penance or Eucharist please speak directly to the Faith Formation Director.

Children not baptized at Our Lady Star of the Sea must have a Baptism certificate on file with the Faith Formation Office.

I would like to receive envelopes: _____ **Yes /No**

Child 1:

Name: _____ **Date of Birth:** _____
First Middle Last

Gender: _____ **Grade in 2020-2021:** _____ **Ethnicity:** _____ **School:** _____

Sacraments for this Child:

Baptism: Yes/No Location: _____
Circle one Church Name City/State

Reconciliation: Yes/No Location: _____
Circle one Church Name City/State

First Communion: Yes/No Location: _____
Circle one Church Name City/State

Confirmation: Yes/No Location: _____
Circle one Church Name City/State

Medical Information: Please provide the following information so that we may better meet the needs of your child.

Learning Disabilities (Be specific, Chronic Illness, Allergies, Daily Medication, other.

Child 2:

Name: _____ **Date of Birth:** _____
First Middle Last

Gender: _____ **Grade in 2020-2021:** _____ **Ethnicity:** _____ **School:** _____

Sacraments for this Child:

Baptism: Yes/No Location: _____
Circle one Church Name City/State

Reconciliation: Yes/No Location: _____
Circle one Church Name City/State

First Communion: Yes/No Location: _____
Circle one Church Name City/State

Confirmation: Yes/No Location: _____
Circle one Church Name City/State

Medical Information: Please provide the following information so that we may better meet the needs of your child.

Learning Disabilities (Be specific, Chronic Illness, Allergies, Daily Medication, other

Reminder: All students will be working from home from September - December 2020. We hope to resume on campus classes in early 2021.

**Class (Day/Time) Selection Form for 2020/2021
Our Lady Star of the Sea Parish Faith Formation Program**

Please fill out your child's First and Last name and indicate with a check mark the session you wish you enroll your child for.

Child's Name: _____

Child's Name: _____

Wednesday 4:30-5:30 p.m. _____

Wednesday 6:00-7:00 p.m. _____

Wednesday 4:30-5:30 p.m. _____

Wednesday 6:00-7:00 p.m. _____

Child's Name: _____

Child's Name: _____

Wednesday 4:30-5:30 p.m. _____

Wednesday 6:00-7:00 p.m. _____

Wednesday 4:30-5:30 p.m. _____

Wednesday 6:00-7:00 p.m. _____

Emergency Contact Information

Alternate Local Emergency Contact person: _____
Name

Telephone Number and local address of emergency contact: _____

Please notify the Faith Formation office if your child or anyone in your household has been in contact with someone who has the COVID-19 symptoms. These symptoms are coughing, shortness of breath or difficulty breathing, chills, muscle pain, headache, sore throat, loss of taste or smell, diarrhea, fever of 100.4 or above. If they have had contact with a person who is a lab confirmed to have COVID-19, or a person that has travelled outside the area over the last two weeks.

I understand the above , _____
Parent signature Date

Registration Fee is \$20.00 per child

Medical Information/Learning Challenges/Disabilities
Our Lady Star of the Sea Faith Formation Program 2020/2021 School Year

Medical Information

CHILD'S NAME	Chronic ILLNESS	LEARNING DISABILITIES (Be Specific)	ALLERGIES	DAILY MEDICATION

Additional Information we should be aware of: _____

Please note: The staff and/or volunteers of the Faith Formation program do not dispense pills such as aspirin or Benadryl etc. Additionally, the Staff and volunteers do not administer any shots such as insulin or an epi pen, etc. If you feel you child needs these health items during class time, one of the parents will need to be present to administer them. Please contact the Director of Faith Formation for the Volunteer paperwork.

As a parent and/or guardian, I authorize the treatment of my minor child/children by a qualified and licensed medical doctor in the event of a medical emergency, which, in the opinion of the attending physician may endanger his or her life, cause physical disability or undue discomfort if delayed. This consent is granted only after a reasonable effort has been made to reach me.

Signature of Parent or Legal Guardian

Date

**Authorization for Pick-Up & Permission to Contact Form
2020/2021 School Year
Our Lady Star of the Sea Faith Formation Program**

Reminder: All students will be working from home from September -December 2020. We hope to resume on campus classes in early 2021.

All students are required to be signed out of the Faith Formation Program by an authorized adult. You may list all your children on this form.

Print child/children's names:

List any adult that you allow to pick your child up from their classroom at the 2019/2020 Faith Formation Program. If an adult arrives to pick up your child/children and is not on your list, they will NOT be allowed to take your child.

Please print all adult names, their relationship to your child and a contact number for the adult.

Adult Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent Signature: _____ Date: _____

I give permission for my child's teacher to contact me via phone or email:

Please circle one: YES/NO

Parent/Guardian Initials



Diocese of St. Augustine
Catholic Center
11625 Old St. Augustine Road
Jacksonville, Florida 32258

Child/Children 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/children Name (Printed): _____

Parent or Guardian Signature: _____

Date: _____

OR

_____ I/We **DO NOT GRANT** permission for the photo/image that includes our child/children without any personal identifier (no name, no age or grade, no address, just as a member of this church) to be published on the church's or diocese's public internet site, in publications of the church or diocese, and/or in other media that may publicize church events.

Child/children Name (Printed): _____

Parent or Guardian Signature: _____

Date: _____



Diocese of St. Augustine
Catholic Center
11625 Old St. Augustine Road
Jacksonville, Florida 32258

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. Our Lady Star of the Sea 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 Our Lady Star of the Sea 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

Code of Conduct for Faith Formation Students:

Parents please read and discuss the Code of Conduct for Faith Formation Students with the child/children you are enrolling prior to signing the 2020-2021 Parent/Guardian & Student Acknowledgement Form.

The basic premise in this code of Conduct for Children and Youth that is all humanity functions at its best when behaviors and expectations are clearly outlined. Young people need to be made aware of correct and incorrect behaviors as well as the consequences associated with them. Forming good moral consciences in children and youth is a primary role of the family with support and guidance from the local Church community. This code is used in conjunction with existing local or diocesan policies, protocols or other codes and it not intended to supersede them.

Students Should:

- Attend weekly Mass.
- Christian behavior is always expected.
- Complete class assignments weekly
- Attend Zoom/Live Facebook Classes
- Wear a mask on OLSS campus and during Faith Formation when classes resume on campus.
- Bring your Faith Formation textbook to class each week and pencil
- Attend class on a regular basis and complete all homework assignments.
- Respect for individuals, the community, and facilities being used are required.
- Dress must be in accord with the activity and appropriate for a Christian environment.
- For the safety of students, they should not wear flip flops to class.
- No skating or skateboarding on church property.
- Do not bring friends or relatives who are not registered in our Faith Formation Program to class with you.
- Co-operation and self-control are necessary when participating in programs and activities.

Unacceptable behavior and lack of cooperation will not be tolerated and will be addressed appropriately. Examples of unacceptable behavior are as follows, though not limited to:

- Disrespect for adults and peers
- Use of vulgar language, gestures and use of racial slurs
- Damaging of property
- Fighting or intent to injure others
- Constant disturbance of others at work or in an activity
- Cheating
- Do not touch another student or an adult.
- Possession of weapons, possession and or use of alcohol or drugs are forbidden.
- No Bullying. No child or youth has the right to treat another in any manner that will cause physical or emotional pain. Therefore, harassment of any kind is viewed as unchristian and therefore unacceptable.
- Coercion or threats to do something physically hurtful or for the purposes of ruining another's reputation or good standing is unacceptable behavior.
- Food and drink are not allowed in either building during Faith Formation. Snacks and drinks must be consumed in your vehicle prior to entering the building.
- Cell phones, and electronic equipment should be placed on silent for Faith Formation Class and not used by students during class.

Each child that is being registered into the 2020/2021 Faith Formation Program is required to read and to understand and sign the Code of Conduct Acknowledgement Form. At least one Parent is required to sign the Code of Conduct Acknowledgement. After signing the Acknowledgement Form, you must return it with your other registration paperwork, or your registration cannot be processed.

2020/2021 Parent/Student Code of Conduct Acknowledgment Form

Please return all forms to the Faith Formation Office.

This completed form is required at the time of registration for your child/children for the 2020/2021 Faith Formation School Year.

This is to acknowledge that I/We have received and read the Our Lady Star of the Sea Handbook for the Faith Formation Program. We understand the contents of the Handbook for the Faith Formation Program and agree to cooperate with the Parish policies set forth in this handbook.

Signature of Parent/Guardian

Date

Please have each child you are registering in the 2020/2021 Faith Formation Program sign below.

Student Signature

Date

Student Signature

Date

Student Signature

Date

Student Signature

Date

I understand that by enrolling my child (children) in the Faith Formation Program, I agree to my children completing their weekly assignments and they will attend Zoom meetings with their class. If/when on campus instruction resumes, they will attend class, they will bring their textbook as well as homework each week to class and that I will have them to class on time and sign them out of class on time.

Signature of Parent/Guardian

Date