

2016-2017

Date Registered: _____

CHURCH OF THE NATIVITY
Faith Formation Preschool-12
2016-2017 Registration Form

Date _____

FAMILY LAST NAME _____

HOME PHONE # _____

ADDRESS _____ CITY AND STATE _____ ZIP CODE _____

FATHER'S NAME _____ WORK PH# _____ Cell PH# _____ FATHER'S RELIGION _____

Father's Email Address: _____

MOTHER'S NAME _____ WORK PH# _____ Cell PH# _____ MOTHER'S RELIGION _____

Mother's Email Address: _____

Are either of you interested in helping in the Faith Formation program? _____ If yes, in what capacity? _____

Attention: please circle your choice of Sunday or Wednesday Family Faith Formation

CHILD'S INFORMATION (*Include Last Name if different from Family Name*) Preschool children must be 3 years old by September 1st

FIRST NAME **BIRTHDATE** **GRADE** **SCHOOL** **Baptized** **Reconciliation** **Eucharist** **Confirmed**

1. _____

2. _____

3. _____

4. _____

Please indicate any medical information, food allergies, etc. about your child which we should be aware: _____

\$10 discount on total amount of registration fees if paid before July 1st

Faith Formation Registration Fees:

Starting July 1st

- \$60.00 for one child
- \$100.00 for two children
- \$130.00 for three children
- \$150.00 for four or more children

Sacramental Fees :

(students must also attend Faith Formation classes or Catholic School)

- \$75.00 for Reconciliation/Eucharist Programs (2nd grade or older)
- \$100.00 for Confirmation Program (9th grade or older)

Paid: \$ _____ Check # _____

Parental Opt-Out Form

The Diocese of Orlando has implemented a child abuse awareness, prevention, and safety program in all parishes and Catholic schools as mandated by the United States Conference of Catholic Bishops (USCCB) in compliance with the Charter for the Protection of Children and Young People. Students enrolled in a Catholic School or parish-based catechesis are encouraged to participate in this programming. Our diocese is required, through an audit process, to verify to the USCCB that this training has been provided. We are also required to keep track of the number of students who are absent or whose parents do not allow them to participate in the training.

For the Parent/Guardian

By signing this form I (We) acknowledge the above and elect **NOT** to have my (Our) child participate in the aforementioned program. Please complete this form and return it to your child's instructor/catechist or the appropriate administrator. A separate form is required for each child. Thank you for your assistance.

Name of Child _____

Name of School or Parish _____

City of School or Parish _____

Child's Grade Level _____

Name of Parent (s) or Guardian (s)	Relationship
_____	_____

Reason for Opting-Out (Optional) _____

Signature of Parent/Guardian	
Date	

OFFICE USE:

Name of Coordinator/Administrator	
Date	

**Notification of L.I.F.E. Sessions 2016-17
(Love-Infatuation-Friendship-Exploitation)**

Sessions will take place during normal Faith Formation times

<u>Grade</u>	<u>Date of Session</u>	<u>Name of Child</u>	<u>Parent Signature</u>
Pre-K	Wed., Jan. 18, 2017	_____	_____
Pre-K	Sun., Jan. 29, 2017	_____	_____
K	Wed., Jan. 18, 2017	_____	_____
K	Sun., Jan. 29, 2017	_____	_____
1 st	Wed., Jan. 18, 2017	_____	_____
1 st	Sun., Jan. 29, 2017	_____	_____
2 nd	Wed., Jan. 18, 2017	_____	_____
2 nd	Sun., Jan. 29, 2017	_____	_____
3 rd	Wed., Feb. 1, 2017	_____	_____
3 rd	Sun., Feb. 5, 2017	_____	_____
4 th	Wed., Feb. 1, 2017	_____	_____
4 th	Sun., Feb. 5, 2017	_____	_____
5 th	Wed., Feb. 1, 2017	_____	_____
5 th	Sun., Feb. 12, 2017	_____	_____
6 th	Wed., Feb. 1, 2017	_____	_____
6 th	Sun., Feb. 12, 2017	_____	_____
7 th	Wed., Feb. 15, 2017	_____	_____
7 th	Sun., Feb. 19, 2017	_____	_____
8 th	Wed., Feb. 15, 2017	_____	_____
8 th	Sun., Feb. 19, 2017	_____	_____

High School:

9th-12th Sun., Feb. 12, 2017 _____

9th-12th Wed., Feb. 15, 2017 _____

Image Release Form

(Photography and Image Assignment Waiver, and Release)

I _____, for valuable consideration received, and for being allowed access to Diocesan property, activities, or events, expressly assign to _____ and the Diocese of Orlando, and to all of their current, former, and future agents and related entities (collectively, "the Diocese"), all rights, title and interest in, and to, the use of my and my child/ward's image or likeness, including, but not limited to all videotape recordings, photographs, or audio recordings of, or made by, me and/or my child/ward on Diocesan property, during a Diocesan-sponsored event, or for any other Diocesan purpose ("the Property"). The Diocese shall have, without my consent, the right to assign its rights in the Property, in whole or in part, to any entity, parish, or school within the Diocese of Orlando.

I hereby irrevocably grant the Diocese perpetually and exclusively, the right to use and incorporate (alone or together with other materials), in whole or in part, the Property, in any Diocesan publication, news release, or for any other purpose. Further, I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or distribution of the Property without limitation for any purpose whatsoever, and I further waive all rights to any compensation for my and/or my child/ward's appearance or participation in the Property. I understand and have been advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Diocese. Participants' names would not be identified, however, without specific written consent. I further understand that the Diocese has no control over the use of photographs or film taken by media that may be covering the event in which my child(ren)/ward(s) participate(s).

I hereby waive any claims against and release the Diocese, its current, former, and future religious, employees, volunteers, agents, and successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I and/or my child/ward may have against the Diocese in connection with the Property or the use of the Property.

This release shall not obligate the Diocese to use the Property or to use any of the rights granted hereunder, or to exhibit, distribute, or exploit the Property. I acknowledge that the Diocese cannot control all photographic access to its properties, and that my child/ward's name may be printed with photos/images in various publications, including non-Diocesan publications.

I represent that I am eighteen years of age or older, and that I have read and understand the terms of this Assignment, Waiver, and Release.

Date _____

Signature _____

Witness _____

If applicable, name(s) of minor children/wards:

Diocese of Orlando

OFFICE OF YOUTH & YOUNG ADULT MINISTRY •

PARENTAL/GUARDIAN CONSENT FORM, LIABILITY WAIVER & MEDICAL CONSENT (Transportation Provided)

VIDEO/PHOTOGRAPHY CONSENT

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Office of Youth and Young Adult Ministry &/or the Diocese of Orlando. (Participants would not be identified, however, without specific written consent.) Please note that the Office has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

I hereby expressly assign to the Diocese of Orlando, and to all its agents all the rights, title and interest in, and to all photos/videotape recordings made by such in which my child appears and/or his/her voice is used in and in connection with the videotaping of this event. I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or any distribution of said photos/videotape without limitation for any purpose whatsoever; and I further waive all rights to any compensation for my child's appearance or participation in the photographs/videotape recordings.

Parent/Guardian Signature Date

CONSENT & LIABILITY WAIVER

Important! To be filled out by the Parent/Guardian for youth under 18 years of age & individuals age 18 or older and in high school.

Individuals age 18 or older and still in high school must also complete and submit a ADULT MEDICAL RELEASE AND LIABILITY WAIVER as well.

In consideration of the program in which my son/daughter will participate, I as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany NATIVITY CATHOLIC CHURCH program to:

Event & Location:

Method of Transportation: __ Car/Van/Bus

I acknowledge receipt of the attached information sheet describing the planned activities.

I acknowledge that NATIVITY CATHOLIC CHURCH is providing transportation only from the Church's property to and from the event. I acknowledge and assume the risk of this transportation for my child. My child must comply with NATIVITY CATHOLIC CHURCH 'S rules and procedures. By granting this permission, I also waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, NATIVITY CATHOLIC CHURCH , the Diocese of Orlando, and any of their religious, employ-ees, volunteers, agents and representatives from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my child's participation in the program.

Parent/Guardian Signature Date

YOUTH PARTICIPANT: In signing the line below I agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent/guardian's expense.

Youth Participant's Signature Date

Youth Participant's Name: _____ **Date of Birth:** _____

Address _____ **City/State/Zip** _____

Home Phone: _____ **Male Female** (←please circle→) **T-Shirt Size:** S M L XL XXL XXXL

Parent/Guardian's Name: _____ **Cell Phone:** _____ **Work Phone:** _____

Other number where Parent/Guardian can be reached during event: _____

Emergency Contact Name: _____ **Phone:** _____

(continued on back-Please complete BOTH sides of this form)

please PRINT legibly

Diocese of Orlando

OFFICE OF YOUTH & YOUNG ADULT MINISTRY •

PARENTAL/GUARDIAN CONSENT FORM, LIABILITY WAIVER & MEDICAL CONSENT

please PRINT legibly

Medical Matters

I hereby warrant 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/initial only those in accordance with your wishes:

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital/clinic for emergency medical or surgical treatment.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship _____ Phone _____

Family Doctor _____ Phone _____

Medications

_____ I hereby Grant Permission for my child to be given the following provided medications. My child will bring all such medications, well labeled. [NOTE: Any/all prescription medications must be in original pharmacy container with young person's name on the prescription label. Non-prescription/over-the-counter medications must be in original container with young person's name on the container.] (Please initial)

Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

Medication: _____ Dosage: _____ Administer: _____

Medication: _____ Dosage: _____ Administer: _____

Medication: _____ Dosage: _____ Administer: _____

Medication: _____ Dosage: _____ Administer: _____

Medication: _____ Dosage: _____ Administer: _____

Medical Conditions Information: (Diocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter:

Is allergic to the following medications _____

Has had an episode of the following or has been diagnosed with: " Seizures " Asthma " Diabetic

Has had allergic reactions to the following (foods, dyes, latex, etc.) _____

Has had a medical surgery within the last six months? " Yes " No Still under doctor's care? " Yes " No

Has a medically prescribed diet (please explain) _____

Has the following physical limitations _____

Immunizations current and up to date? " Yes " No Date of last tetanus/diphtheria immunization _____

You should also be aware of these special medical conditions of my child: _____

Insurance Information ” No, I do not carry medical insurance at this time.

Insurance Carrier: _____ Name of Insured: _____

Insurance Policy Number: _____

Father’s Name: _____ Day Phone: _____

Mother’s Name: _____ Day Phone: _____

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant’s parent/guardian.

I fully understand the foregoing statements and sign this Parental/Guardian Consent Form, Liability Waiver & Medical Consent knowingly, freely, and willingly.

Parent/Guardian Signature *(must sign for any participant under 18 &/or 18 or older & in high school)* Date

Participant Signature *(participant 18 years of age or older must sign)* Date

09/2009