



# Faith Formation and Sacrament Registration & Permission Form for 2020-2021

Your child should be prepared to wear a mask for the duration of their time at St. Monica's.

If you or they have any symptoms of COVID-19, a positive test, or a known exposure to someone with a positive test, please remain home.

**RETURN FORM TO:** [jessica.tette@dor.org](mailto:jessica.tette@dor.org) or mail to St. Monica Church, 34 Monica St. Rochester NY 14619 • Questions: email [jessica.tette@dor.org](mailto:jessica.tette@dor.org)

## 1. Child(ren)'s information:

|         | Last Name | First Name | Middle Name | Date of Birth | Place of Birth | Gender | Special Needs/Allergies | Name of Current School | Current Grade in School | Location and last grade level of faith formation |
|---------|-----------|------------|-------------|---------------|----------------|--------|-------------------------|------------------------|-------------------------|--|
| Child 1 |           |            |             |               |                |        |                         |                        |                         |  |
| Child 2 |           |            |             |               |                |        |                         |                        |                         |  |
| Child 3 |           |            |             |               |                |        |                         |                        |                         |  |

**Sacraments received:** Please include Location and Date where each Sacrament was celebrated. Please provide us with a copy of your child's Baptismal Certificate if s/he was baptized at a church other than St. Monica Church.

|         | Baptism | First Reconciliation | First Communion | Confirmation |
|---------|---------|----------------------|-----------------|--------------|
| Child 1 |         |                      |                 |              |
| Child 2 |         |                      |                 |              |
| Child 3 |         |                      |                 |              |

## 2. What programs are you registering for? Check all that apply.

- Faith Formation classes, grades Prek4-5<sup>th</sup>: Sundays 10:00-11:00 AM, Narthex.
- Sacramental preparation classes –
  - First Reconciliation and First Communion candidates must be in at least 2<sup>nd</sup> grade and have a year of Faith Formation the year prior. Parent or guardian accompanies child to this class. In-person: see schedule.
  - Confirmation candidates must be in at least 8<sup>th</sup> grade and have a year of Faith Formation the year prior to begin the 2-year Confirmation prep process. Confirmation takes place during Teen Youth Group on Wednesdays, 7:00-8:30 pm.
- Middle School Youth Group, grades 6-7 (Wednesdays 7:00-8:30 pm, in-person)
- Teen Youth Group, grades 8-12 (Wednesdays 7:00-8:30 pm, in-person)

3. Are you interested in the following? Check all that apply.

- Service projects for kids and teens
- Becoming an altar server
- Becoming a lector (reader) at Mass
- Joining the choir

4. What parish does your family belong to? (Example: St. Monica Church):

\_\_\_\_\_

5. Are you interested in volunteering for one of our Faith Formation programs? **Y N**

6. Parent/Guardian Information

|          | Parent last name(s) | Parent first name(s) | Maiden Name | Primary Phone | Primary Email | Street Address | City, State | Zip Code |
|----------|---------------------|----------------------|-------------|---------------|---------------|----------------|-------------|----------|
| Mother   |                     |                      |             |               |               |                |             |          |
| Father   |                     |                      |             |               |               |                |             |          |
| Guardian |                     |                      |             |               |               |                |             |          |
| Guardian |                     |                      |             |               |               |                |             |          |

7. Emergency Contact (someone other than a parent or guardian)

| Emergency Contact Name | Emergency Contact Phone | Relationship to Child |
|------------------------|-------------------------|-----------------------|
|                        |                         |                       |

8. Health Information

Name of Health Insurance Company: \_\_\_\_\_ Health Insurance Policy Number: \_\_\_\_\_

Child(ren)'s Physician: \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_

9. Liability/Media Release:

I hereby certify that the above information is correct and give permission for my child(ren) to be transported in privately owned vehicles for medical emergencies. I give permission for the release of medical records to an attending health care professional in case of injury or illness. I understand that every effort will be made to contact the parent/guardian first. If parent/guardian cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child. I appoint the designated parish Faith Formation facilitator to act on my behalf in authorizing necessary emergency medical, dental, surgical care and hospitalization necessary to protect the child's life and health while she/he is participating in any parish Faith Formation, Youth Group, and sacramental preparation sessions. I hereby do release and forever hold harmless thus Diocese of Rochester and St. Monica Church of Rochester from all manners of actions, claims, which I or the child named above shall or may have for any reason arising during my and my child's attendance of St. Monica Church events. I give St. Monica Church Emmanuel Church of the Deaf permission to use pictures of my child for website, newsletters, bulletins, and Social Media. Please note that St. Monica Church will not associate any identifying information with the photographs or videos.

Parent/Guardian Signature: \_\_\_\_\_

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

## ST. MONICA CHURCH POST COVID-19 2021-2022 WAIVER AND RELEASE

I hereby acknowledge and agree as follows:

1. The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization and is extremely contagious. The virus is believed to spread through person-to-person contact, by contact with contaminated surfaces and objects, or by exposure to respiratory droplets produced when an infected person coughs, sneezes, or simply talks. The disease is more likely to be spread when people are in physical contact or close to one another (within about 6 feet). Furthermore, people reportedly can be showing no symptoms and yet be infected and therefore capable of spreading the disease. There is no known treatment, cure, or vaccine for COVID-19, and the disease can result in serious and life-threatening illness and even death.
2. I am fully aware that participation in St. Monica activities carries with it certain inherent risks related to COVID-19 transmission that cannot be eliminated regardless of the care taken to avoid such risks. Such risks may include, but are not limited to, (1) the risk of coming into close contact with individuals, surfaces and/ or objects that may be carrying COVID-19; (2) the risk of transmitting or contracting COVID-19, directly or indirectly, to or from other individuals; and (3) injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from COVID-19 or the treatment thereof.
3. I acknowledge that while St. Monica's has taken reasonable steps to limit the transmission of COVID-19, St. Monica's cannot prevent me or my children from becoming exposed to, contracting, or spreading COVID-19 while participating in St. Monica activities. Therefore, if I choose to participate in St. Monica activities, I may be exposing myself or my child to, or increasing my or my child's risk of, contracting or spreading COVID-19.

**ASSUMPTION OF RISK:** I have read and understood the above warnings concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and my children in order to participate in St. Monica activities. I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to do so. I also accept and knowingly and freely assume for myself and my child the risk of injury and/or illness from participating in St. Monica's activities.

**WAIVER OF LIABILITY and LAWSUITS:** I, for myself and on behalf of my minor child, hereby release and waive my and my child's right to bring any suit or claim against St. Monica's and The Diocese of Rochester, including but not limited to the Bishop of the Diocese of Rochester, and all other officers, employees, volunteers and/or agents (collectively, "RELEASEES"), with respect to any and all injury, illness, disability, death, or loss or damage to person or property related to participating in St. Monica activities, whether arising from the negligence of RELEASEES or otherwise, to the fullest extent permitted by law. This release specifically includes, but is not limited to, any loss or damage related to exposure to or contraction of COVID-19. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence, and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

I understand that this Waiver is intended to be as broad and as inclusive as permitted by the laws of the New York State, and that if any portion of this Waiver is held invalid, it is agreed that the balance of this Waiver shall continue in full force and effect to the fullest extent of the law.

**I HAVE READ AND FULLY UNDERSTAND THIS WAIVER AND RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 2021

Name (printed): \_\_\_\_\_

I am the parent or legal guardian of the minor(s) \_\_\_\_\_.

I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 2021

Name (printed): \_\_\_\_\_