ASSUMPTION RELIGIOUS EDUCATION

Religious Education Program Registration School Year 2020-2021

Please complete **ALL** the information. Please attach a copy of your child's **Baptismal Certificate** if it is not already on file.

*Note: There is now a \$20 registration fee per child to cover cost of books and supplies.

Make checks payable to: Assumption Catholic Church Memo: CCD Registration *

FAMILY INFORMATION

Parent's Last Name	Home Phone			
Mother's religion	Father's religion			
Address:				
City	State Zip			
E-Mail Address				
Mother's Name	Mother's Phone			
Father's Name:	Father's Phone:			
Mother's Maiden Name:	Child(ren) reside(s) with (mom, dad or both):			
Stepparent/Guardian's Full Name:	Stepparent/Guardian's Phone:			
Emergency Contact Name:	Phone:			
	Yes No Envelope Number			
Conditions of E	nrollment, Waiver, and Release; Photographs			
Without compensation, I hereby grant permissing Home of the Mother to use and reproduce photonews and editorial purposes in publications and addition, I grant my permission to alter the same photographer, the journalists and the publication involved, the Bishop of the Diocese of St. Aug their employees and agents, from all claims and I understand that Assumption Catholic Church	Assumption Religious Education Program and to participate in all activities. on to the Catholic Diocese of Saint Augustine/Assumption Catholic Church & tographs and/or video taken of my child. These photographs may be used for other electronic reproductions (websites and video) and/or brochures. In the photos without restriction and to copyright the same. I hereby release the sens or media outlets they represent, as well as, the parish/church and/or school astine, a corporation sole, the Catholic Diocese of Saint Augustine and all of liability relating to said photographs. Cannot be responsible for lost or broken items and that any unclaimed items are lost and found.			
Authorized Signature	Date			

→turn over

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STUDENT INFORMATION

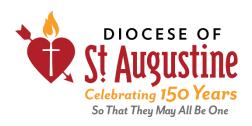
Student Name:		
Student Name:(First Name)	(Last Name))
Date of Birth:	Age:	
School Grade School Name		
Has he/she been in religious education classes befo	re? Yes No, Where	
If your child has any special needs, please contact Se	r. Kathryn personally to see if we car	n accommodate your need
Has received Baptism ? Yes No (please at Church	., ,	,
Has received 1st Confession? Yes No		
Church	City	State
Does your child expect to receive a sacrament this y	vear?	
If so, which sacrament(s)?		
Comments or additional information:		

Religious Education Class Information

- All students will meet at Assumption Catholic Church at 2403 Atlantic Blvd. Jacksonville, FL 32207
- Classes will be held on <u>Wednesday</u> evenings from <u>6:30 PM until 7:45 PM</u>
- PLEASE NOTE: Students need to be dropped off between <u>6:10PM 6:25PM</u> due to temperature checks.

*All students preparing for a sacrament must have attended religious education during the past school year. A letter from the previous religious education program is required if your child did not attend Assumption. NO MORE THAN 2 UNEXCUSED ABSENCES FOR CHILDREN PREPARING FOR SACRAMENTS.

*This Registration Form must be turned in by September 13, 2020 to either the Assumption Catholic Church Rectory office or the Servant Sisters of the Home of the Mother.



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. Assumption Catholic Church 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 Assumption Catholic Church 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



Diocese of St. Augustine

Catholic Center 11625 Old St. Augustine Road Jacksonville, Florida 32258 (904) 262-3200

Child Photography Release Form

Without compensation, I hereby grant permission to the Catholic Diocese of St. Augustine to use and reproduce photographsand/or video taken of my child. These photographsmay 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, acorporation 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:		·	
Address:			
City:	State:	Zip:	
Telephone:	Cell:		
Email:			
Date:			