

**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: \_\_\_\_\_

Are you registered with Assumption?  Yes  No Envelope Number \_\_\_\_\_

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**Conditions of Enrollment, Waiver, and Release; Photographs**

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My child(ren) has (have) permission to attend Assumption Religious Education Program and to participate in all activities. Without compensation, I hereby grant permission to the Catholic Diocese of Saint Augustine/Assumption Catholic Church & Home of the Mother 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) 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 Saint Augustine and all of their employees and agents, from all claims and liability relating to said photographs. I understand that Assumption Catholic Church cannot be responsible for lost or broken items and that any unclaimed items will be donated to charity after two weeks in our lost and found.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**→turn over**

**Fill out both sides please**

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**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.

**STUDENT INFORMATION**

Student Name: \_\_\_\_\_  
(First Name) (Last Name)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School Grade \_\_\_\_\_ School Name \_\_\_\_\_

Has he/she been in religious education classes before? \_\_\_ Yes \_\_\_ No, Where \_\_\_\_\_

If your child has any special needs, please contact Sr. Kathryn personally to see if we can accommodate your needs.

**SACRAMENTAL INFORMATION**

Has received **Baptism**? \_\_\_ Yes \_\_\_ No (please attach a copy of your certificate if it is not already on file)

Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Has received **1<sup>st</sup> Confession**? \_\_\_ Yes \_\_\_ No Has received **1<sup>st</sup> Communion**? \_\_\_ Yes \_\_\_ No

Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Does your child expect to receive a sacrament this year? \_\_\_\_\_

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 Wednesday evenings from 6:30 PM until 7:45 PM
- **PLEASE NOTE:** Students need to be dropped off between 6:10PM – 6:25PM 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.

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*Signature of Parent/Guardian*

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*Date*

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*Print Name of Parent/Guardian*

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*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 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's Name (Printed): \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

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