

Registration Forms for the 2020-2021 School Year

OUR LADY OF THE VISITATION-RELIGIOUS EDUCATION REGISTRATION
2020-2021 SCHOOL YEAR

Please Print

Parents/Guardians _____

Mailing Address _____

City, State, Zip _____

Phone Number _____ Cell Phone _____

Primary Email Address (Where you would like to receive messages. May include more than one.)

How can you be reached during class? _____

Emergency Contact (Name and Phone Number) _____

Child's Name	Grade 2020-2021	Date of Birth
1.		
2.		
3.		
4.		
5.		

Please list here any medications, health issues, allergies, restrictions, and/or other information that we need to know to best teach your child and to keep them safe. (Specify for each child.)

The registration fee is \$50 per child or \$100 per family with two or more children. Payments may be made at one time or in installments. Please contact Jolene Cramm with questions or concerns about the registration process.

Completed forms should be returned to the Religious Education or Parish Office.

I am interested in learning about becoming a catechist or a substitute catechist. Please contact me.

THIS DOCUMENT HAS 3 PAGES. PLEASE COMPLETE ALL 3 PAGES

2020-2021
Emergency Medical Authorization Form

Our Lady of the Visitation Catholic Church
All information contained on this form is kept confidential.

Parents/Guardians of students are advised that photography or videotape of participants may be used in publications, websites, or other materials produced by the Religious Education Office of Our Lady of the Visitation Church, Shippensburg. (Students would not be identified.) Parents who do not wish to have their child(ren) photographed or videotaped should notify the Office in writing.

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

Physician _____ Phone _____

Emergency Contact _____ Phone _____

Parent Authorization for Medical Emergency Treatment (Sign *only one* place below)

In case of medical emergency, I understand every effort will be made to contact parents of the child. In the event I cannot be reached, I hereby give permission to the physician selected by Our Lady of the Visitation Church to secure treatment for child as named above.

Signature of Parent _____ Date _____

OR

I have been offered the opportunity to authorize emergency medical care as set forth above and decline to so authorize said medical emergency care without my approval. I accept such complications as may occur should said medical care be needed and unavailable due to my being unavailable to provide the same.

Signature of Parent _____ Date _____

Please complete and return this form to the Religious Education Office. Thank you! We look forward to a great year together!

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Our Lady of the Visitation Church

Religious Education 2020-2021

As the parent or guardian of a child/children attending classes at Our Lady of the Visitation Church, I promise to adhere to the following expectations in an effort to help keep the students, staff, and parishioners safe.

I will check my child' temperature in the morning.

If my child has a fever and/or cough, shortness of breath, or difficulty breathing, I will keep my child home.

If my child has two or more of the following symptoms, I will keep my child home:

Sore throat

Runny nose/ congestion

New lack of smell or taste

Muscle pain

Nausea or vomiting

Headache

Diarrhea

My child will wear a mask or face covering upon entering the building, will report directly to class and will sanitize his/her hands with provided sanitizer.

Students will not be sharing supplies, including books, this year. Your child will be bringing home books and is responsible for bringing them back to class each week.

Students are expected to practice social distancing (with teacher guidance).

I agree to assume all the risks of attendance and participation for my child and my family and I waive any liability against the church, the diocese, and any other parties concerning being exposed to or infected by Covid-19.

Print Name _____ Date _____

Signature _____

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COVID-19 ACKNOWLEDGEMENT / NOTICE FOR PARISH RELIGIOUS EDUCATION/CCD AND PARISH YOUTH MINISTRY PROGRAMS

By signing or electronically accepting this COVID-19 Acknowledgement, the undersigned parent or guardian of a student enrolled in a Parish Religious Education Program (PREP/CCD) and/or Parish Youth Ministry Program (YM) in the Diocese of Harrisburg, understands, acknowledges, and agrees as follows:

We live in the age of the COVID-19 global pandemic, and there are health risks associated with my child attending a Parish Religious Education Program (PREP/CCD) and/or Parish Youth Ministry Program (YM). I acknowledge the contagious nature of COVID-19, the fact that it can be difficult to identify in another person, and the inherent risks of exposure to those who may be infected with COVID-19. I voluntarily assume the risk that I/my child/my household members may be exposed to or infected by COVID-19 as a result of or in connection with my child(ren)'s attendance at the Parish Religious Education Program (PREP/CCD) and/or Parish Youth Ministry Program (YMP) and that such exposure or infection may result in illness and/or even death of my child(ren) and such other persons.

I have read the Health and Safety Plan located on my child(ren)'s parish website and understand the health and safety protocols of the Parish Religious Education Program (PREP/CCD) and/or Parish Youth Ministry Program (YMP) and I agree to adhere to the health and safety protocols. I will partner with the parish and comply with the Health and Safety Plan. As further detailed in the Health and Safety Plan:

- (i) I will update my child(ren)'s emergency contact information prior to or at the start of the Parish Religious Education (PREP/CCD) and/or Parish Youth Ministry (YMP) year and I will update it promptly whenever there is a change;
- (ii) I will seek to limit my child(ren)'s exposure to COVID-19 outside of the Parish Religious Education Program (PREP/CCD) and/or Parish Youth Ministry Program (YMP) in order to protect our entire Parish Religious Education and/or Youth Ministry community;
- (iii) I will evaluate my child(ren) before each Parish Religious Education Program (PREP/CCD) session and/or Parish Youth Ministry Program session for fever and COVID-19 symptoms, as defined by the CDC, and I must check in through the Parish Religious Education Program (PREP/CCD) and/or Parish Youth Ministry Program's established system before each session;
- (iv) If my child has a fever of 100.4 degrees F or higher, or COVID-19 symptoms as defined by the CDC, s/he may not attend the Parish Religious Education Program (PREP/CCD) session or Parish Youth Ministry Program (YMP) session;
- (v) I will inform the Parish Religious Education Program (PREP/CCD) or Parish Youth Ministry Program immediately if I, my child, or anyone with whom my child has had close contact receives a positive diagnosis, or presumed positive diagnosis, for COVID-19;

- (vi) I give my permission for the Parish Religious Education Program (PREP/CCD) and/or Parish Youth Ministry Program (YMP) staff to evaluate my child(ren) for fever and COVID-19, at their discretion, and will be informed by the Parish Religious Education Program (PREP/CCD) and/or Parish Youth Ministry Program (YMP) when such an evaluation is done;
- (vii) If contacted, I will pick up my child promptly from the Parish Religious Education Program (PREP/CCD) and/or Parish Youth Ministry Program (YMP) if the Parish Religious Education Program (PREP/CCD) and/or Parish Youth Ministry Program (YMP) deems it necessary for health and safety reasons.

I understand and acknowledge that ill students are required to adhere to all guidelines of the Health and Safety Plan, and that willful violations of the Health and Safety Plan will result in disciplinary action up to and including expulsion from the Parish Religious Education Program (PREP/CCD) and/or Parish Youth Ministry Program (YMP), at the Pastor's/Parish Administrator's discretion.

I understand and acknowledge that the Parish Religious Education Program (PREP/CCD) and/or Parish Youth Ministry Program (YMP) will use its best efforts to guard my child(ren)'s privacy. I also understand and acknowledge that, as part of contact tracing, the name of my child(ren) and pertinent contact information will be provided, if necessary, to the Pennsylvania Board of Health and related authorities in the name of community health and safety.

I understand and acknowledge that my child(ren)'s Parish Religious Education Program (PREP/CCD) and/or Parish Youth Ministry Program (YMP) may offer a distance/online learning option as part of the educational program.

I understand and acknowledge that distance/online instruction is part of the current educational landscape and, as such, classes/sessions may be recorded and that, on occasion, my child's image could be seen or voice could be heard briefly as part of the class/session. Those who will have permission to access the recording are permitted to do so strictly for educational purposes.

I understand and acknowledge that I am not allowed to video or take photographs of distance/online instruction at my Parish Religious Education Program (PREP/CCD) and/or Parish Youth Ministry Program (YMP) unless it is for purely educational purposes, and I understand and acknowledge that that video or image may not be shared on social media or for any purposes other than educational purposes for my child(ren).

Name of Student(s) _____

Parish of Student(s) _____

Name of Parent/Guardian _____

Signature of Parent/Guardian _____