

**St. Joseph-on-Carrollton Manor
Buckeystown, Maryland**



**Registration Form
2019-2020
K-12th grade**

ARCHDIOCESE OF BALTIMORE POLICIES

Every family registered in our faith formation program is required to acknowledge and sign the policies below.

GENERAL CONSENT

As parent or guardian of my son/daughter, I do hereby agree to allow my son/daughter to participate in: 2019/2020 Faith Formation Program at St. Joseph's on Carrollton Manor. In consideration of the opportunity for my son/daughter to participate Faith Formation, the receipt and sufficiency of which are acknowledged, I knowingly and voluntarily on behalf of myself and my minor child do hereby agree to forever RELEASE, HOLD HARMLESS AND INDEMNIFY St. Joseph's on Carrollton Manor, the Roman Catholic Archbishop of Baltimore and his successors, a Corporation Sole, and all their affiliate organizations, and respective agents, employees, officers, directors, volunteers, and any officials, referees, and other participants (the Released Parties) from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury (including death) sustained in connection with or arising out of my son/daughter's participation in the activity. By my signature below, I acknowledge that my child's participation in the activity involves inherent risk of minor or serious injury, including permanent disability, death, and/or economic losses which might result from my child's actions or inactions, the negligence of others, the inherent risks of the activity, the rules of play, the condition of the premises, or of any equipment used. I have voluntarily elected to allow my child to participate, and I fully understand, appreciate, and hereby assume all such dangers and risks. I understand that my child's participation in said activities may require a minimum level of fitness for safe participation, and that the Released Parties do not screen, medically or otherwise, individuals that participate in the activity.

I hereby grant permission for any staff member of the activity to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

(Check one of the following:) I am covered by hospitalization and medical insurance under:

Policy# _____ Issued by _____

I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff member to provide the following over-the-counter drugs (or their generic equivalent) to my son/daughter if requested by my son/daughter (Check all that apply:) Tylenol/Acetaminophen Benadryl Diphenhydramine Advil/ Ibuprofen Imodium/Antidiarrheal Neosporin/Antibody Ointment Pepto Bismol Doses of such drugs will be provided in accordance with the instructions contained on the drugs' packaging.

ADD any other medical information concerning medication, allergies, illness, etc.: _____

ADD any dietary restrictions: _____

Signature of Parent/Guardian: _____ Date: _____

Name of Parent/Guardian: _____

PRESCRIPTION DRUG AND EPINEPHRINE POLICY

Medication of any kind is not to be brought to Faith Formation classes. If a child needs to take medication, we ask that they do so before after they come to class. If there is a special circumstance, please speak to the Coordinator of Faith Formation prior to the start of class.

If your child has a severe allergy that can result in anaphylaxis and has a need for an EpiPen, please note this on your faith formation registration form and notify the Coordinator of Faith Formation. Since we are not a school, we are not required by law to carry an EPI pen at the church.

Please know that we do not have an EpiPen on site. If your child is old enough to self-carry/self-administer and needs to carry it with them to class, we will need a doctor's note on file stating this.

In the case of an emergency, please be aware that we cannot guarantee that someone will be present who is properly trained to administer an EpiPen. All of our catechists and assistants are volunteers and they will not be given the responsibility to carry an EpiPen for a child.

Signature of Parent/Guardian: _____ Date: _____

Name of Parent/Guardian: _____

PHOTO POLICY

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 parish/school, Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants will not be identified, however, without specific written consent.). Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify an activity staff member. Please note that the Released Parties have 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 HAVE READ THE ABOVE RELEASE AGREEMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Signature of Parent/Guardian: _____ Date: _____

Name of Parent/Guardian: _____

Please clearly print all information and sign release.

Parent / Guardian Names: _____
 Mailing Address: _____ Apt/Unit: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Cell Phone: _____
 Second Email: _____ Cell Phone: _____

(Flocknote is our ONLY form of communication)

EMERGENCY CONTACT FOR FAMILY: In case of emergency, we will always attempt to reach the parents first.
 Please provide an alternate emergency contact in case we cannot reach you.
 Name: _____ Phone: _____
 Relationship to Student(s): _____

I AM INTERESTED IN VOLUNTEERING: Name: _____

____ Sunday AM (grades K-5)	____ Monday PM (grades 6-8)	____ Sunday PM (grades 9-12)	
____ First Reconciliation	____ First Eucharist	____ Confirmation	____ Security Monitor

Student #1 _____ Gender: ____
 Last First Middle
 Date of Birth: ____/____/____ Special Needs/Allergies: _____
 month day year
 School student #1 attends: _____ Grade/ Fall 2019: _____
 Last Year's Faith Formation location _____

For more information on our K-5, Edge, and Lifeteen Programs go to our website.

Enroll Student #1 for: (Students enrolling in sacraments **must** also be enrolled in religious education)

____ Sunday 9:15-10:15am (grades K-5)	____ Monday 7:00 – 8:30pm (grades 6-8)	____ Sunday 6:30 – 8 :30pm (grades 9-12)	____ 1 st Reconciliation / 1 st Eucharist (grades 2-12)
____ Home Study (grades K-5)	____ Home Study (grades 6-8)		____ Confirmation (grades 10-12)

Date of Baptism: _____ Church: _____ (please provide certificate copy)
 ____ Not Baptized

TUITION AND FEES:

Based on the number of students in Religious Education across all grades:			
\$100 for one student	\$200 for two students	\$300 for three+ students	Max of \$300 class tuition/ family
Sacrament Fees (these are in addition to Religious Education tuition)		\$80 / child for 1 st Reconciliation & Eucharist	\$150 / child for Confirmation

Student #2 _____ Gender: ____

Last First Middle

Date of Birth: ____/____/____ Special Needs/Allergies: _____
 month day year

School student #2 attends: _____ Grade/ Fall 2019: _____

Last Year's Faith Formation location _____

Enroll Student #2 for: (Students enrolling in sacraments **must** also be enrolled in religious education)

____ Sunday 9:15-10:15am (grades K-5)	____ Monday 7:00 – 8:30pm (grades 6-8)	____ Sunday 6:30 – 8 :30pm (grades 9-12)	____ 1 st Reconciliation / 1 st Eucharist (grades 2-12)
____ Home Study (grades K-5)	____ Home Study (grades 6-8)		____ Confirmation (grades 10-12)

Date of Baptism: _____ Church: _____ (please provide certificate copy)
 ____ Not Baptized

Student #3 _____ Gender: ____

Last First Middle

Date of Birth: ____/____/____ Special Needs/Allergies: _____
 month day year

School student #3 attends: _____ Grade/ Fall 2019: _____

Last Year's Faith Formation location _____

Enroll Student #3 for: (Students enrolling in sacraments **must** also be enrolled in religious education)

____ Sunday 9:15-10:15am (grades K-5)	____ Monday 7:00 – 8:30pm (grades 6-8)	____ Sunday 6:30 – 8 :30pm (grades 9-12)	____ 1 st Reconciliation / 1 st Eucharist (grades 2-12)
____ Home Study (grades K-5)	____ Home Study (grades 6-8)		____ Confirmation (grades 10-12)

Date of Baptism: _____ Church: _____ (please provide certificate copy)
 ____ Not Baptized

PAYMENT IS DUE AT THE TIME OF REGISTRATION.
 No family will be turned away because of financial constraints. If you need to make payments, you must complete the Payment Plan form and submit it WITH your registration form.

Please make your check payable to *St. Joseph on Carrollton Manor*.
 Return to: **St. Joseph - Religious Education, 5843 Manor Woods Rd.
 Frederick, MD 21703.**

OFFICE USE: Date Rec'd _____ Amt Due _____ Amt paid _____
 Payment Method _____ Payment Date _____ PS Updated _____