

OFFICE USE ONLY:

Amount Due: \_\_\_\_\_

Check #: \_\_\_\_\_

Class: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Balance: \_\_\_\_\_

Room #: \_\_\_\_\_



**SACRED HEART CATHOLIC CHURCH  
2020-2021 FAMILY FAITH FORMATION REGISTRATION  
GRADES PK - HS**

Today's Date: \_\_\_\_\_

Parish Registration #: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Grade in 2020-2021 school year: \_\_\_\_\_

School: \_\_\_\_\_

Has your child received these sacraments?	Yes	No		Yes	No
Baptism	<input type="checkbox"/>	<input type="checkbox"/>	Confirmation	<input type="checkbox"/>	<input type="checkbox"/>
Reconciliation (Confession)	<input type="checkbox"/>	<input type="checkbox"/>	Eucharist (Communion)	<input type="checkbox"/>	<input type="checkbox"/>

Circle the grades your child has attended Faith Formation **here at Sacred Heart**:

PK    K    1    2    3    4    5    6    7    8    9    10

Other Catholic religious education:

Church/School: \_\_\_\_\_ Grades: \_\_\_\_\_

Family Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**→ → → → PLEASE COMPLETE BACK SIDE OF THIS FORM → → → →**

Child lives with:     Both Parents         Father         Mother         Other: \_\_\_\_\_

Who is responsible for this child's Mass attendance and practice of his/her religion?

\_\_\_\_\_

Are there any special family circumstances that may affect participation in the live-streamed Mass (Sunday mornings at 9:30am) or virtual Family Faith Formation?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In order to serve your child to the best of our ability, it is necessary for the catechist to know your child's abilities. Please indicate below any learning disabilities, medical conditions or other issues which may require special attention during ZOOM sessions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- CHOOSE ONE:**
- |                          |   |  |
|--------------------------|---|--|
| <input type="checkbox"/> | <b>Sunday Family Faith Formation</b>    | <b>Meets bi-weekly (10:30-11:30am)</b><br><b>One parent must stay and participate with child/youth</b> |
| <input type="checkbox"/> | <b>Wednesday Family Faith Formation</b> | <b>Meets bi-weekly (6:30-7:30pm)</b><br><b>One parent must participate with child/youth</b>            |

**FAITH FORMATION FEES:    \$110.00 per child**

Some of our families need help with their tuition. Would you like to sponsor one of these children?

Yes, enclosed is my donation \_\_\_\_\_. ***Thank you for your generosity!***

Please check one or more areas in which you can assist your child's class:

- Catechist                       Technical Assistant                       Office Volunteer (during the week)

**Signature:** \_\_\_\_\_                      **Date:** \_\_\_\_\_



### ANNUAL PHOTO RELEASE

From time to time, photos are used in the parish bulletin and website as well as in newspapers, television and other media used to portray events occurring at our parish. These may or may not be accompanied by photos or videotape of children. The releases may be prepared by Sacred Heart Church or a media representative.

- I do give permission for my child's name and likeness to be included in such publicity releases.
- I do NOT give permission for my child's name and likeness to be included in such publicity releases.

\_\_\_\_\_  
Parent's Name (Printed)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

_____ Child's Name	_____ Grade
_____ Child's Name	_____ Grade
_____ Child's Name	_____ Grade
_____ Child's Name	_____ Grade

**ACKNOWLEDGEMENT** I acknowledge that I have received, read, understand and accept the policies contained in the Faith Formation Family Handbook including the local Parish Program Policies and Procedures, Code of Conduct for Adults Working with Youth, Code of Conduct for Children, Social Communications Policy, and the Safe Environment Policies of the Diocese of St. Petersburg.

**Please check all that apply and print/sign/date in the spaces provided.**

- I will participate in Parent Safe Environment Education Program scheduled to be released on October 4, 2020.
- My child(ren) and I will participate in the Children's Safe Environment Education Program being held virtually via Zoom on October 18, 2020.
- I wish to receive all additional materials (beyond handbook policies) related to the Parent/Student Safe Environment Education Program.
- I do not wish to receive the materials (beyond handbook policies) related to the Parent/Student Safe Environment Education Program.

\_\_\_\_\_  
Parent's Name (Printed)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

_____ Child's Name (Printed)	_____ Grade
_____ Child's Name (Printed)	_____ Grade
_____ Child's Name (Printed)	_____ Grade
_____ Child's Name (Printed)	_____ Grade

## Statement of Understanding and Release of Liability in Regard to Covid-19

COVID-19 has been declared a worldwide pandemic by the World Health Organization. In order to resume regular Faith Formation and Youth Ministry operations, the Diocese of St. Petersburg and **Sacred Heart-Tampa** have put in place reasonable preventative measures and standards of behavior to reduce the spread of COVID-19 at parish activities. Even with implementation of safety protocols, the Parish cannot guarantee that you or your child(ren) will not become infected with COVID-19; attendance at Parish and/or participation in the Parish activities could increase your risk and/or your child(ren)'s risk of contracting COVID-19.

**ASSUMPTION OF RISK:** The (*Diocese of St. Petersburg/Sacred Heart-Tampa*) cannot prevent you or your child/children from becoming exposed to, contracting, or spreading COVID-19 while attending parish programs and related activities. It is not possible to prevent against the presence of the disease. Therefore, if you choose for your children to attend **Sacred Heart-Tampa** programs, your child and/or other family members may be exposed to and/or at increased risk of contracting or spreading COVID-19. I/we have read and understood the above warning concerning COVID-19. I/we hereby choose to accept the risk of contracting COVID-19 for myself/ourselves, my/our child/children, and/or other family members in order for my/our child/children,

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(Name of Minor Child)

to attend parish programs and related activities. By signing this agreement, I/we acknowledge the contagious nature of COVID-19 and that my/our child(ren) and I/we may be exposed to or infected by COVID-19 by attending and/or being present at parish programs, and/or by participating in parish activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

**WAIVER OF LAWSUIT/LIABILITY:** I hereby forever release and waive my right to bring suit against (*Diocese of St. Petersburg/Sacred Heart-Tampa*) and its owners, officers, directors, managers, officials, trustees, agents, employees, authorized volunteers, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to the Program. 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.

**CHOICE OF LAW:** I understand and agree that the law of the State of Florida will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

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(Parent/Guardian Name – Printed)

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(Parent/Guardian Signature)

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(Date)