

St. Frances Cabrini Faith Formation Enrollment Agreement 2021-2022

Please Note: All families must be registered in the parish and all information must be updated as information changes. Enrollment will not be complete until all required forms and documents are returned to the Faith Formation Office and payment has been made.

For Office Use Only

Date Rec'd: _____ Total Due: _____
 Paid: _____ Bal. Due: _____
 Cash _____ Check# _____ Credit _____

If entire payment cannot be made:

No child will be refused if the family cannot afford the entire enrollment fee. Please contact the Director of Faith Formation, Children and Youth if you wish to discuss a reduction in fees or an alternative payment method prior to enrolling. Do not delay your enrollment because of lack of funds. If previous arrangements are not made, every family is expected to pay the full fee at the time of enrollment.

PLEASE PRINT AND FILL OUT COMPLETELY

Child(ren's) last name	Father's Name	Mother's first, & Maiden Name
Street Address	City	ZIP
Home Phone	Work Phone	Cell Phone
E-Mail Address		

If mother has a different last name, please indicate here: _____

If one of the above is *not a birth parent*, please indicate name/relationship: _____

MAIL SHOULD BE ADDRESSED TO: Mr. & Mrs.____ Mrs.____ Mr.____ Ms.____ Dr. ____ Other _____

Grades 1-8 are offered Sunday, 10:30 AM-11:30 AM & Monday 5:30 PM – 6:45 PM

***I would prefer my child to attend on: Sun ____ OR Mon ____**

**Assignment to day preferred depends on availability at time of enrollment.*

Classes may be added or dropped based on number of available seats and availability of catechists.

There will be no refunds available after the start of the current school session.

One session change is available. A \$10.00 fee will be charged for each additional session change.

YOU WILL BE CONTACTED ONLY IF WE ARE UNABLE TO ACCOMMODATE YOUR FIRST CHOICE.

Class lists will be posted on the door of the Faith Formation Office the week class begins.

Student's First Name	Date of Birth	Sex	School	Grade Aug. 2021	**Baptized?	In this Parish?	Rec'd First Penance	Rec'd First Comm.	Prev. Grades Faith Formation Completed
		M/F			Y / N	Y / N	Y / N	Y / N	
		M/F			Y / N	Y / N	Y / N	Y / N	
		M/F			Y / N	Y / N	Y / N	Y / N	
		M/F			Y / N	Y / N	Y / N	Y / N	

****If your child was not baptized in a Catholic Church, please give child's name and Church of Baptism.**

COVID-19: St Frances Cabrini will follow state and local standards of conduct mandated by CDC guidelines. Please refer to the Consent Form and Liability Wavier on page 4 of this enrollment form for complete guidelines.

Emergency Contact - Other than home (we will call the home number first)

Name: _____ Relationship: _____ Phone # _____

Both mother & father are considered eligible for pick up of child(ren) unless legal paperwork is on file. Emergency contact person is also considered eligible for pick up of child(ren).

Please list all others and their relationship, who are authorized to pick up your child(ren). The only people who can pick up the child(ren) are those listed on this form. If there is someone picking up the child(ren) other than those listed, the office must be notified ahead of time.

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

**PARENT/LEGAL GUARDIAN SIGNATURE: _____
(If Legal Guardian, documentation must be attached to enrollment paperwork)**

Medical Information/Allergies/Release

Does any child have a medical condition, physical disability, learning disability, or take medication that may affect participation or that we should be aware of?

Please explain: _____

Name: _____ List Allergies (especially foods) _____

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Medical Emergency

In the event of emergency where the parent cannot be reached the child will be taken to the nearest medical facility. I (we) authorize any representative of St. Frances Cabrini Catholic Church to seek medical treatment for my child.

PARENT/GUARDIAN SIGNATURE _____

Print Parent/Guardian Name _____ Date: _____

General Faith Formation Policies

I have read and agree to abide by the following policies, as indicated by my initials on each line.

_____ I will bring my child to Faith Formation classes regularly. If my child must be absent, I will call the office so that the catechist is aware, and can make arrangements for make-up assignments and at-home activities.

_____ I will bring my child to class at least 5 minutes before classes begin. If my child is late for class, I will stop by the Faith Formation Office (Cabrini Center) and inform the staff before going to class.

_____ **If my child is in kindergarten through third grade, I will walk him/her to the classroom before class; and I will pick up all my children, regardless of grade, from the classroom after class. Older siblings in the program are not permitted to pick up younger siblings from the classroom. This is a parent/guardian responsibility. I will leave my car in a designated parking space.**

_____ I understand that respectful student behavior in the classroom is important to classroom management. I agree that disruptive behavior will not be tolerated, as it is not fair to our catechists, and those who wish to learn. I will review the pages on discipline in the Parent/Student Handbook with my child.

_____ If I need to pick my child up early, I will go to the Faith Formation Office and sign my child out, before I go to the classroom.

_____ I will review all the classroom rules and policies in the Handbook with my child.

_____ I understand that Faith Formation is not a substitute for Sunday Mass. I will make weekly attendance at Mass with my child a priority.

*The use of the term **child** includes all children in a family enrolled in the Faith Formation Program.

Non adherence to program policies may necessitate withdrawal from program

Consent for Use of Photographs

St. Frances Cabrini Parish staff, Faith Formation teachers, assistants and organizations within the parish occasionally photograph the children during classroom activities and parish events. The children's photographs may be used in posters, banners, bulletin boards, newspapers, flyers, mailers, newsletters, video presentations, the diocesan and parish web site and other materials used to promote our parish and its ministries. News media, including representatives of television, radio, newspapers and magazines, also often are permitted on parish property and may take notes, still photos, sound recordings and/or moving pictures that may include your child. These items may appear or be used in news or feature stories by print, television or radio media. I am the parent/guardian of the children on the front of this form.

I hereby approve the foregoing and consent to the use of photographs subject to the terms mentioned above. I affirm that I have the legal right to issue such consent.

I do not wish my child's photograph to be taken or used as stated above.

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian Name: _____ Date: _____

Consent for Safe Environment Training

Safe Environment Training: I acknowledge that I am aware of the Diocesan mandate with regard to safe environment training for parents and students. Please check all that apply and sign/print/date as appropriate in the spaces provided.

1 I will attend the Parent/Student Safe Environment Education Program as scheduled by the Parish.

2 I decline to attend, but wish to receive all additional materials (beyond handbook policies) related to the Parent and/or Student Safe Environment Education program.

3 I decline to attend and do not wish to receive the materials (beyond handbook policies) related to the Parent/Student Safe Environment Education Program.

4 I have attended the Parent/Student Safe Environment Education Program in the past.

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian Name: _____ Date: _____

Consent Form for Email Notification

Correspondence, notifications and in case of emergencies messages will be made via Email
please provide the following information

Name _____

Email Address: _____

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian Name: _____ Date: _____

Consent to Cooperate with the Diocesan and Parish Policies

We look forward to working with you and your child this year. Please be advised that by placing your child in our program, you are agreeing to our policies.

I / We have read the above policies and will receive the St. Frances Cabrini Parent/Student Handbook that contains all of the policies for Faith Formation upon completion of enrollment. I / We understand and agree to cooperate with the diocesan and parish policies set forth here and expanded on in the Handbook.

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian Name: _____ Date: _____

Roman Catholic Diocese of St. Petersburg
PARENTAL/GUARDIAN COVID-19
CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone : _____ Business phone: _____

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and as a result, social distancing is recommended. *St. Frances Xavier Cabrini* Parish will follow state and local standards of conduct and has put in place reasonable preventative measures to reduce the spread of COVID-19 at its Parish activity (including but not limited to summer camp). However, even though such standards will be followed and reasonable measures put into place, *St. Frances Xavier Cabrini Parish* cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Parish activity could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and that my child(ren) and I may be exposed to or infected by COVID-19 by participating in the parish/school activity 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 *St. Frances Xavier Cabrini* parish may result from the actions, omissions, or negligence of myself and others, including, but not limited to, parish employees, volunteers, and program participants and their families.

Considering the foregoing, however, I, _____, grant permission for my child, _____, to participate in this parish activity notwithstanding the risks associated with the COVID-19 virus and group activities.

I further agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to release, indemnify, hold harmless, and defend *St. Frances Xavier Cabrini* Parish and The Roman Catholic Church of the Diocese of St. Petersburg, their members, directors, officers, employees, agents and representatives ("indemnitees") associated with the event arising from or in connection with the negligent acts or omissions of the indemnitees' in relation to prevention of the spread of the COVID-19 virus. I SPECIFICALLY ACKNOWLEDGE AND AGREE THAT I AM AGREEING TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE INDEMNITEES' FROM THEIR OWN NEGLIGENCE IN REGARD TO THE INDEMNITEES' NEGLIGENT ACTION AND/OR INACTION IN REGARD TO PROTECTION AGAINST THE COVID-19 VIRUS.

Signature: _____ Date: _____

THE CUSTODIAL PARENT SIGNATURE IS REQUIRED.