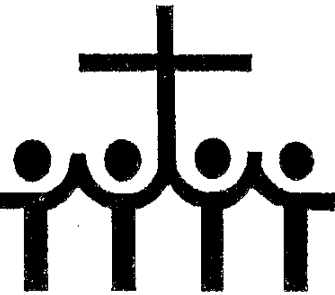


# The Church of Saint Luke

818 Main Street Stroudsburg, Pennsylvania 18360

Church Office 570-421-9097 Residence 570-421-8460



## RELIGIOUS EDUCATION and YOUTH ACTIVITIES REGISTRATION FORM FOR 2016-2017

**The fees for Religious Education for 2016-2017 are set forth below:**

*\$0.00 for any student prior to entry into First Grade.*

*\$0.00 for any Catholic School Students (except for all Confirmation Year Students whose fee is \$80.00)*

*\$80.00 for first student in a family*

*\$80.00 for every Confirmation Year Student*

*\$40.00 for second student in a family (Non-Confirmation Year)*

*Special Family Pricing:* *\$150.00 flat fee for any family with more than 2 students.*

These fees allow us to purchase supplies and books for the children and are not meant to be a hardship. Please speak with someone in the Religious Education Department if paying fees by the due date may be a hardship in your particular circumstance.

The registration fee is due at the time of registration and checks should be made payable to "The Church of Saint Luke."

*This form will be shared with leaders of Youth Ministry and Religious Education and volunteers dealing with the student for any activity and office personal. As such, the contents of this form cannot be guaranteed to be kept confidential. Further, the undersigned hereby releases The Church of Saint Luke and the Diocese of Scranton, all employees and volunteers, from any legal responsibility or liability in connection with the release of the information herein and by signing this form, you waive all rights with respect to the uses and disclosures of what may otherwise be considered protected health information or protected educational information or protected disability information under statutes which may include but are not limited to: the Health Insurance Portability and Accountability Act of 1996, as amended (otherwise known by the acronym "HIPAA"), the Americans with Disabilities Act (ADA), Family Educational Rights and Privacy Act (FERPA), et cetera. The Church of Saint Luke and the Diocese of Scranton is authorized to make photocopies of this document as frequently and in such quantity as they shall deem appropriate. All photocopies shall have the same force and effect as any original.*

Student Name: \_\_\_\_\_

## GENERAL STUDENT INFORMATION

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth date: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

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

School the Child Attends: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Session the Child Will be Attending (check one of three):

\_\_\_\_\_ First Session 9:10 AM - 10:20 AM

\_\_\_\_\_ Second Session 10:40 AM – 11:50 AM

\_\_\_\_\_ No Religious Education classes will be attended this year by student because he/she attends Catholic School. However, this form shall register student for Youth Activities.

## PARENT/GUARDIAN INFORMATION

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Parent/Guardian Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred Method of Contact\* (circle one or more options):

Home Phone    Cell Phone    Work Phone    Text Message    Email

\*Please note: whichever method of contact you chose will be the manner in which you are informed of changes or closures (example: group text)

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

Religion: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Student Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred Method of Contact (circle one): Home Phone Cell Phone Work Phone  
Text Message Email

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

Religion: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Send Student's Information to (circle one or more options):

Mother Father Other: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION**

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The following contacts shall be contacted only if the above-listed parents/guardians cannot be reached.

Emergency Contact Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone #: \_\_\_\_\_

### **STUDENT'S MEDICAL INFORMATION**

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I hereby warrant that to the best of my knowledge, my child is in good health and up to date on medical care, including immunizations. I assume all responsibility for the health of my child. I also grant permission for basic first-aid to be rendered to my child, if necessary.

The Parish should be aware of the following medical conditions of my child:

Student Name: \_\_\_\_\_

Specific Medical Condition (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Prescribed Medications (names of medications and frequency of dosage):  
\_\_\_\_\_  
\_\_\_\_\_

Physical Limitations: \_\_\_\_\_  
\_\_\_\_\_

Allergic reactions (medications, food, plants, insects, etc.): \_\_\_\_\_  
\_\_\_\_\_

Medically Prescribed Diet: \_\_\_\_\_  
\_\_\_\_\_

Has child **recently** been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, please provide the date the disease was contacted and the condition: \_\_\_\_\_  
\_\_\_\_\_

Other Concerns (academic, physical, behavioral, intellectual, etc.): \_\_\_\_\_  
\_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Insurance Health Plan Carrier: \_\_\_\_\_

Group #: \_\_\_\_\_ I.D. #: \_\_\_\_\_

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment at my expense. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact my alternate emergency contact. In the event that decisions must be made or are made for my child, I hereby grant full authority to the volunteers and employees of Church of Saint Luke take whatever actions that may be considered, in their sole discretion, to be warranted under the circumstances concerning my child's health and safety and I specifically and fully release each of them from any liability for such decisions or actions as may be taken in connection therewith.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**STUDENT'S RELIGIOUS INFORMATION\***

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Sacraments Completed: \_\_\_\_\_

Sacraments Not Yet Completed: \_\_\_\_\_

Previous Religious Education: \_\_\_\_\_ Fee Still Owed: \_\_\_\_\_

Has child been Baptized (circle one):            Yes            No

    If Yes, place and date of Baptism: \_\_\_\_\_

Has child received Reconciliation (circle one) Yes            No

    If Yes, place and date of Reconciliation: \_\_\_\_\_

Has child received Communion (circle one):    Yes            No

    If Yes, place and date of Communion: \_\_\_\_\_

Has the child been Confirmed (circle one)        Yes            No

    If Yes, place and date of Confirmation: \_\_\_\_\_

**\*PLEASE NOTE:** IF A STUDENT HAS RECEIVED ANY OF HIS/HER SACRAMENT(S) AT A CHURCH OTHER THAN THE CHURCH OF SAINT LUKE, YOU ARE REQUIRED TO PROVIDE ANY BAPTISMAL, COMMUNION AND CONFIRMATION CERTIFICATES NO LATER THAN APRIL 30. IF YOU DO NOT HAVE THESE CERTIFICATES, PLEASE CONTACT THE PARISH WHERE THE SACRAMENTS WERE ADMINISTERED TO OBTAIN SAME SO THAT YOU CAN PROVIDE SAME TO THE CHURCH OFFICE NO LATER THAN APRIL 30.

Student Name: \_\_\_\_\_

**AUTHORIZED INDIVIDUALS WHO MAY PICK UP STUDENT FROM RELIGIOUS EDUCATION OR YOUTH ACTIVITIES**

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Unless otherwise indicated, in writing, below, the Parish may release my child to any adult listed above on this form. In addition, the Parish may release my child to any of the following adult individuals:

Name: \_\_\_\_\_

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

Relationship to Student: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**MULTIMEDIA USEAGE PERMISSION**

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By signing this permission form I hereby consent to the use of any video tapes, photographs, slides, audio tapes, photo displays, internet promotions, or any other audio or visual reproduction in which my child may appear by The Church of Saint Luke and the Diocese of Scranton. I understand that these materials may be used for the promotional purposes including recruitment and fund-raising efforts or general publication.

I agree that the photograph/ image shall be free for use and I, on behalf of myself and my family, hereby release and hold harmless The Church of Saint Luke and the Diocese of Scranton, its employees, volunteers and agents for any liability connected with the use of said photograph or image.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**ALTERNATIVE:** I **DO NOT** consent to the use of any video tapes, photographs, slides, audio tapes or any other audio or visual reproduction in which my child may appear by The Church of Saint Luke and the Diocese of Scranton.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## YOUTH ACTIVITIES PERMISSION

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I, \_\_\_\_\_ grant permission for my  
(the above-referenced and undersigned authorized parent/guardian)  
child to participate in the off-site (if applicable) or on-site parish/school programs/activities as announced from time to time (“activity”). The activity will take place under the guidance and direction of employees and/or volunteers from The Church of Saint Luke and/or the Diocese of Scranton. I will review the rules and regulations with my child before each activity and I understand that if my child fails to follow same, I will be contacted to pick up my child or will otherwise be notified.

### ***Rules of Conduct for Youth Events/Activities***

- Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Be on time for all check-in and departure times.
- Respect all property and ensure you clean up after yourself.
- You must always be in the company of at least one other member from our group and the “buddy system” will be enforced at all times.
- Respect and obey all chaperones and any adults giving direction during activities.
- The purchase, possession, or consumption of alcoholic beverages by minors and the possession or use of illegal drugs by any individual will not be tolerated. Individuals who do not adhere to this policy will be reported to local authorities.
- Smoking is not permitted during any activities or events by any person
- The use of obscene language is not permitted during any activity or event by any person.
- Youth Activities participants are required to dress conservatively and appropriately for all activities and events. Participants are not permitted to wear the following clothing: sleeveless shirts, shirts that expose mid-body area, shorts/skirts above fingertip length, clothing with offensive or obscene pictures and/or words, pants/shorts that are worn substantially below the waist/upper hip.
- Chaperones must be informed of the slightest sign of illness or injury.
- For the safety and well-being of the whole group, anything you see that is in conflict with these Rules of Conduct should be brought to the attention of chaperones.
- In representing the Parish, participants must project an image of Christian consideration, sensitivity, and respect to every person and to property.

**Medications:** I understand that no medication will be administered by the employees and/or volunteers from The Church of Saint Luke and/or the Diocese of Scranton nor should any such medication be sent with the child to the activity.

**Transportation:** The undersigned acknowledges that an off-site activity may involve meeting at the Parish location and driving in private cars of volunteers to the off-site event. The Parish cannot guarantee the driving record of individual private drivers. As an alternative, the undersigned understands that I may choose to drive my child to and from the event/activity in the undersigned parent/guardian's personal vehicle by following the group. All travel involves some risk, and the undersigned hereby agrees to assume and consents to such risk, expected or unexpected, and hereby waives and releases the Church of Saint Luke and the Diocese of Scranton and volunteers for any injuries, damages, or losses incurred in connection with actions, omission or conditions or developments, or any other actions, omissions or conditions within or outside of the control of the volunteers or church employees. If the undersigned elects to have the child drive in the private cars of volunteers or church employees, the undersigned acknowledges that a complete waiver of liability including all personal injury liability, is intended by this document.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### **GENERAL RELEASE**

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The undersigned assumes all risks of the Student's participation. With full knowledge of the risks, the undersigned, on behalf of myself and on behalf of my family, heirs, successors and assigns, agree to release and to hold harmless and defend The Church of Saint Luke, the Diocese of Scranton, Bishop Bambera, and all of their employees and representatives, including chaperones, volunteers or any other representatives associated with the trip, program or activity (all of whom are collectively referred to as the Diocese) from claims from or related to Student's participation in or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese for reasonable attorney's fees and expenses incurred by the Diocese in any action brought against the Diocese



Student Name: \_\_\_\_\_

as a result of such injury or damage, unless such claim arises from the gross negligence of the Diocese.

I, the undersigned parent/guardian of the above-named student acknowledge and confirm that I have completed this form to the best of my ability with the most accurate information and that I will inform the Church Office immediately if there is any change in any of the information on this form. I further acknowledge that I have received a copy of the Religious Education and Youth Activities Information Handbook. I agree to review the policies in the Handbook with my child. I agree to the above General Release which contains legal waivers of my rights.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**VOLUNTEER INFORMATION (if applicable)**

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I, \_\_\_\_\_, would like to volunteer at The Church of Saint Luke as a/an (circle any which apply):

CCD Teacher

CCD Aide

CCD Substitute

Youth Activities Volunteer for Elementary School

Youth Activities Volunteer for Middle School

Youth Activities Volunteer for High School

I understand that in order to volunteer with children, I must have an up to date Pennsylvania State Police Criminal Record Check and Pennsylvania Department of Public Welfare Child Abuse History Clearance on file with the Church Office. I understand that I must also comply with the Code of Pastoral Conduct of the Diocese of Scranton and participate and complete a short course in VIRTUS Training. VIRTUS is a “best practices” program designed to help prevent wrongdoing and protect children within religious organizations. I will cooperate to meet these requirements and complete and abide by the Adult Volunteer Participation Form and Release referenced in the Religious Education and Youth Activities Information Handbook.

\_\_\_\_\_ (Printed Name of proposed Volunteer)

\_\_\_\_\_ (Signature of proposed Volunteer)

Student Name: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Class: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Parish I.D.: \_\_\_\_\_

Amount Owed for CCD: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Method of Payment (circle one):      Cash              Check

Baptism Certificate: \_\_\_\_\_

(on file, provided, or needed)

Communion Certificate: \_\_\_\_\_

(on file, provided, or needed)

Confirmation Certificate: \_\_\_\_\_

(on file, provided, or needed)