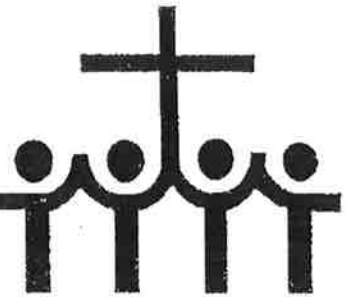


The Church of Saint Luke

818 Main Street Stroudsburg, Pennsylvania 18360

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



RELIGIOUS EDUCATION and YOUTH ACTIVITIES NEW STUDENT REGISTRATION FORM FOR 2017-2018

The fees for Religious Education for 2017-2018 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)

\$0.00 High School Ministry, nominal charges for optional specific activities.

\$60.00 for students in grades 1, 3, 4, 5, 6 and 7

\$80.00 for First Communion Year (2nd Grade) and Confirmation Year (8th Grade) Student

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. Religious Education tuition is waived for the children of teachers, teacher aides and substitutes of our religious education program.

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.

GENERAL STUDENT INFORMATION

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.

STUDENT'S RELIGIOUS INFORMATION*

Sacraments Completed: _____

Sacraments Not Yet Completed: _____ Fee Still Owed: _____

Previous Religious Education: _____

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 your student is receiving First Communion or Confirmation and has received any sacrament(s) at a church other than the Church of Saint Luke, please provide a copy of his/her sacrament certificate to the religious education office at the start of the school year. Thank you.

PARENT/GUARDIAN INFORMATION

1.) Parent/Guardian Name: _____
Relationship to Student: _____ Email Address: _____
Phone: _____ Alternate Phone # _____
Preferred Method of Contact* (circle one or more options):
Home Phone Cell Phone Work Phone Text Message Email

Address: _____
Religion: _____ Marital Status: _____

2.) Parent/Guardian Name: _____
Relationship to Student: _____ Email Address: _____
Phone: _____ Alternate Phone # _____
Preferred Method of Contact* (circle one or more options):
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

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 #: _____

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

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: _____ Relationship to student: _____
Address: _____ Phone: _____

STUDENT'S MEDICAL INFORMATION

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:

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.? _____ Date Contacted _____

Other Concerns: _____

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)

MULTIMEDIA USEAGE PERMISSION

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

GENERAL RELEASE

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 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)

Religious Education tuition is waived for the children of teachers, teacher aides and substitutes of our religious education program.

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)