

## Religious Ed & Youth Ministry Registration Form – 2021-22

**Instructions (PLEASE READ):**

- Please fill and submit this form electronically if possible. NOTE: For electronic submission, first download this form to your computer and fill out using Adobe Acrobat (free download: <https://get.adobe.com/reader/>).
- ALL: Please fill out *Family & Student Information* and *Payment* sections completely.
- THOSE PREPARING TO RECEIVE SACRAMENTS: Additionally, fill out *Sacramental Prep* section completely. Note that those preparing for Confirmation MUST participate in ANCHOR during their 9<sup>th</sup> and 10<sup>th</sup> grades.
- EDGE & ANCHOR students ONLY: Fill out the *Youth Permission Form and Release* form completely, one copy for each student. This form covers the entire ministry year, which avoids the need to collect a form with the same information from you several times!
- When finished, click the SUBMIT button to email the completed form to the needed recipients at the Parish.

Thank you for registering your students in our religious education/youth ministry program!

**Family Information (for the family submitting this form)**

<u>Family last name</u>	<u>Residence</u>				
_____	_____	_____	_____	_____	_____
	<i>street address</i>	<i>city</i>	<i>state</i>	<i>zip</i>	<i>residence ph. number</i>
<u>Mother/guardian</u>					
_____	_____	_____	_____	_____	_____
<i>name</i>	<i>Cell (or home) ph. number</i>	<i>email address</i>			
<u>Father/guardian</u>					
_____	_____	_____	_____	_____	_____
<i>name</i>	<i>Cell (or home) ph. number</i>	<i>email address</i>			
<u>Emergency Contact</u>					
_____	_____	_____	_____	_____	_____
<i>Last, first name</i>	<i>relationship</i>	<i>Cell (or home) ph. number</i>	<i>email address</i>		
<u>Family Type</u> (please check one): Single-parent <input type="checkbox"/> Two-parent <input type="checkbox"/> Blended <input type="checkbox"/>					
<u>Custodial Order?</u> No <input type="checkbox"/> Yes <input type="checkbox"/> If "yes," attach copy and enter date here: _____					

**Student Information**

1. First & middle name		Birthdate	Grade	School
_____	_____	_____	_____	_____
<i>include last name if different than family</i>	<i>gender</i>	<i>mm/dd/yyyy</i>		
Session to be enrolled	Sacraments already recv'd	T-shirt size (6 <sup>th</sup> - 12 <sup>th</sup> gr)	Special Needs	
_____	Bap Rec Euc	_____	_____	
<i>Classroom, Home Model, EDGE, ANCHOR</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		_____	
Student's residence (if different than family address)			Student direct contact info (if available, 9 <sup>th</sup> – 12 <sup>th</sup> grade only)	
_____			_____	
Student lives with	<i>Mother</i>	<i>Father</i>	<i>Guardian</i>	<i>cell phone number</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
				<i>email address</i>
				_____

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

## Student Information (cont'd)

2. First & middle name <hr/> <i>include last name if different than family</i>		gender <hr/>	Birthdate <hr/> <i>mm/dd/yyyy</i>	Grade <hr/>	School <hr/>
Session to be enrolled <hr/> <i>Classroom, Home Model, EDGE, ANCHOR</i>	Sacraments already recv'd Bap <input type="checkbox"/> Rec <input type="checkbox"/> Euc <input type="checkbox"/>		T-shirt size (6 <sup>th</sup> - 12 <sup>th</sup> gr) <hr/>	Special Needs <hr/> <i>Food/drug allergies, IEP, education difficulties, etc.</i>	
Student's residence (if different than family address) <hr/>			Student direct contact info (if available, 9 <sup>th</sup> - 12 <sup>th</sup> grade only) <hr/>		
Student lives with <i>Mother</i> <i>Father</i> <i>Guardian</i>			cell phone number <hr/>		email address <hr/>

  

3. First & middle name <hr/> <i>include last name if different than family</i>		gender <hr/>	Birthdate <hr/> <i>mm/dd/yy</i>	Grade <hr/>	School <hr/>
Session to be enrolled <hr/> <i>Classroom, Home Model, EDGE, ANCHOR</i>	Sacraments already recv'd Bap <input type="checkbox"/> Rec <input type="checkbox"/> Euc <input type="checkbox"/>		T-shirt size (6 <sup>th</sup> - 12 <sup>th</sup> gr) <hr/>	Special Needs <hr/> <i>Food/drug allergies, IEP, education difficulties, etc.</i>	
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Student lives with <i>Mother</i> <i>Father</i> <i>Guardian</i>			cell phone number <hr/>		email address <hr/>

  

4. First & middle name <hr/> <i>include last name if different than family</i>		gender <hr/>	Birthdate <hr/> <i>mm/dd/yy</i>	Grade <hr/>	School <hr/>
Session to be enrolled <hr/> <i>Classroom, Home Model, EDGE, ANCHOR</i>	Sacraments already recv'd Bap <input type="checkbox"/> Rec <input type="checkbox"/> Euc <input type="checkbox"/>		T-shirt size (6 <sup>th</sup> - 12 <sup>th</sup> gr) <hr/>	Special Needs <hr/> <i>Food/drug allergies, IEP, education difficulties, etc.</i>	
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Student lives with <i>Mother</i> <i>Father</i> <i>Guardian</i>			cell phone number <hr/>		email address <hr/>

Additional students: Check this box  and complete supplemental page at the end of this registration form.

## Sacramental Prep

Student's Name	Mother's maiden last name	Sacrament to be received				Baptism: Date & Church <i>(attach certificate if not St Peter's)</i>	
		Bap	Rec	Euc	Conf	date	church
1. <hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> <i>date</i>	<hr/> <i>church</i>
2. <hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> <i>date</i>	<hr/> <i>church</i>
3. <hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> <i>date</i>	<hr/> <i>church</i>

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

## Fees & Payment

**Religious Education** (Grades PreK – 5), **EDGE** (Grades 6 – 8), **ANCHOR** (grades 9 – 12):

	1 student	2 students	3 or more	Amount Due**
Early-bird price before 15 Aug 2021 ( <i>Sacramental Prep not included</i> )	\$100	\$140	\$175	
Price after 15 August 2021 ( <i>Sacramental Prep not included</i> )	\$120	\$160	\$190	

\*\* Max family fee: \$190

### Sacramental Preparation:

	Fee	Amt. Due
Reconciliation/Eucharist:	\$80 per student	
Confirmation (Grade 10 and above):	\$80 per student	

### Payment:

Method: **Total amount due** (religious ed, EDGE, ANCHOR, sacramental prep): \_\_\_\_\_

Check  
(payable to  
St Peter's Church)

Cash

Credit card - provide info below or call office  
Card #: \_\_\_\_\_ exp: \_\_\_\_\_

PayPal:

Please do not hesitate to contact Stacy Wright (301) 898-5111 x 14 or Kevin Parker (301) 898-5111 x 15 if financial assistance is needed.

OFFICE USE ONLY

Amt / Date received: \_\_\_\_\_ / \_\_\_\_\_ Credit Form completed: \_\_\_\_\_ Check number: \_\_\_\_\_

## Parental Consent

By registering my child(ren) in the Faith Formation Program, I understand that:

- Photographs or video of participants may be used in publications, websites or other materials produced from time to time by the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. Participants will not be identified without specific written consent. Those who do not wish their child(ren) to be photographed or videoed should so notify the office in writing.
- Video and audio content, both live on-line and pre-recorded, and social media will be used in our programs. Staff and adult volunteers will strictly follow the Archdiocese of Baltimore safe-use guidelines. Parents & guardians MUST be aware of and regulate their student's use of these capabilities accordingly. We will publicize all on-line meetings, and electronic communication with individual students will include at least a STAND-certified adult or the parent/guardian.
- As an integral part of our Faith Formation curriculum, we will be teaching **Family Life** (Grades K – 5th). This age-appropriate program is about Christian living, chastity, character formation, and safe environment training that promotes communication between you and your child. Please review the program materials that the catechist will be using in the classroom, as well as the materials you will receive for home discussion. If you have any questions or concerns about your child participating in this program, please contact *Stacy Wright*.
- Children attend only the specific class to which they have been assigned. They must be picked up inside their classroom at dismissal time, and they are not allowed to leave without an adult.

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

**SUBMIT FORM:** After verifying all sections have been completed, (ANCHOR/EDGE - be sure to fill out Permission Form on next page!), click on "SUBMIT" to email the form to the parish office.

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

**St Peter's Catholic Church, Libertytown**

**YOUTH PERMISSION FORM AND RELEASE AGREEMENT**

1 July 2021 – 30 August 2022

**(PLEASE PRINT)**

Youth Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Parents /Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent E-mail Address: \_\_\_\_\_ Parent cell: \_\_\_\_\_

I hereby grant permission for the above-referenced child to participate in any and all EDGE/ANCHOR **youth ministry activities, held on or off-campus from 1 July 2021 to 30 August 2022**, and sponsored by St. Peter the Apostle Roman Catholic Church, including, but not limited to weekend retreats at Summit Lake or other retreat venues, Mount 2000 retreat, and service mission trips and social outings in the MD-PA-VA-WV area. I further grant permission for my child to be transported to, from, and during such activities by a VIRTUS-certified volunteer, employee, or third-party transportation company (the "Activities").

In consideration of the opportunity for my Child to participate in the Program, I knowingly and voluntarily on behalf of myself and my Child do hereby agree to forever RELEASE, HOLD HARMLESS, AND INDEMNIFY Parish and the Archdiocese of Baltimore and each of its affiliate organizations, agents, governing board, departments, employees, officers, directors, volunteers, officials, representatives, agents, insurers, and other participants (collectively, the "Archdiocese of Baltimore") to the fullest extent permitted by law from any and all liability, claims, demands, and causes of action, including claims of negligence, arising out of or relating to any loss, damage, or injury (including death) sustained in connection with or arising out of my Child's participation in the Program, including any and all actions taken by the Parish and the Archdiocese of Baltimore pursuant to this Permission & Release Agreement.

By my signature below, I understand and acknowledge the above warning regarding COVID-19 and that my Child's participation in the Program may involve risk of exposure to, contraction of, or infection by COVID-19 as well as other unrelated minor or serious injury, including permanent disability, death, and/or economic losses that may result from my Child's actions or inactions, the actions or inactions of others, and the inherent risks of the Program. I understand and acknowledge that the Program may involve indoor and outdoor activities, including but not limited to exposure to sun and other elements, and changing environmental conditions due to inclement weather, lightning, wind, or temperature. I fully understand, appreciate, and hereby assume all such known and unknown dangers and risks related to my Child's participation and I voluntarily elect to allow my Child to participate in the Program.

I understand that my child's participation in the Activities may require a minimum level of fitness for safe participation, and that the Parish and the Archdiocese of Baltimore do not screen, medically or otherwise, individuals that participate in the Activities. I acknowledge that it is my sole responsibility to make certain that my child is physically fit and healthy enough to participate in the Activities. I confirm that my Child does not have an elevated temperature and has not otherwise exhibited any symptoms related to COVID-19 as identified by the Centers for Disease Control and Prevention (CDC). In the case of a health emergency or need of urgent healthcare involving my child, after a reasonable effort has been made to contact me (or if the urgency of the circumstances does not allow for an effort to contact me), I authorize and consent to any medical care deemed necessary for the health and safety of my Child.

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

Check one of the following:

My son / daughter is covered by hospitalization and medical insurance under policy

# \_\_\_\_\_ issued by \_\_\_\_\_.

My son / daughter is NOT covered by hospitalization and medical insurance and I 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 child if requested by my child, in accordance with dosage instructions provided on the corresponding drug’s packaging (check all that apply:)

- Tylenol/Acetaminophen     Benadryl Diphenhydramine     Advil/Ibuprofen
- Imodium/Antidiarrheal     Neosporin/Antibody Ointment     Pepto Bismol

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

\_\_\_\_\_  
\_\_\_\_\_

ADD any dietary restrictions:

\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the Parish and the Archdiocese of Baltimore to take photographs and video recordings of my Child in connection with my Child’s participation in the Program. I acknowledge and agree that photographs or videotape of participants of the Activities, including my child, may be used in publications, websites or other materials produced from time to time by St. St Peter’s Church or by the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants will not be identified by name without specific written consent.) I agree that if I do not wish my child to be photographed or videotaped, I will notify the Youth Ministry Office in writing. I understand that the Youth Ministry Office staff has no control over the use of photographs or film taken by media that may be covering the event in which my child participates.

**The following emergency contacts have permission to pick-up my child and to make decisions regarding my child on my behalf if the Church is unable to reach me (please list as many as possible):**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED CHILD, HAVE READ THE FOREGOING PERMISSION & RELEASE AGREEMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY, WILLINGLY, AND VOLUNTARILY.**

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

\_\_\_\_\_  
Date

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

**St Peter's Catholic Church, Libertytown**

**YOUTH PERMISSION FORM AND RELEASE AGREEMENT**

1 July 2021 – 30 August 2022

**(PLEASE PRINT)**

Youth Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Parents /Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent E-mail Address: \_\_\_\_\_ Parent cell: \_\_\_\_\_

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In consideration of the opportunity for my Child to participate in the Program, I knowingly and voluntarily on behalf of myself and my Child do hereby agree to forever RELEASE, HOLD HARMLESS, AND INDEMNIFY Parish and the Archdiocese of Baltimore and each of its affiliate organizations, agents, governing board, departments, employees, officers, directors, volunteers, officials, representatives, agents, insurers, and other participants (collectively, the "Archdiocese of Baltimore") to the fullest extent permitted by law from any and all liability, claims, demands, and causes of action, including claims of negligence, arising out of or relating to any loss, damage, or injury (including death) sustained in connection with or arising out of my Child's participation in the Program, including any and all actions taken by the Parish and the Archdiocese of Baltimore pursuant to this Permission & Release Agreement.

By my signature below, I understand and acknowledge the above warning regarding COVID-19 and that my Child's participation in the Program may involve risk of exposure to, contraction of, or infection by COVID-19 as well as other unrelated minor or serious injury, including permanent disability, death, and/or economic losses that may result from my Child's actions or inactions, the actions or inactions of others, and the inherent risks of the Program. I understand and acknowledge that the Program may involve indoor and outdoor activities, including but not limited to exposure to sun and other elements, and changing environmental conditions due to inclement weather, lightning, wind, or temperature. I fully understand, appreciate, and hereby assume all such known and unknown dangers and risks related to my Child's participation and I voluntarily elect to allow my Child to participate in the Program.

I understand that my child's participation in the Activities may require a minimum level of fitness for safe participation, and that the Parish and the Archdiocese of Baltimore do not screen, medically or otherwise, individuals that participate in the Activities. I acknowledge that it is my sole responsibility to make certain that my child is physically fit and healthy enough to participate in the Activities. I confirm that my Child does not have an elevated temperature and has not otherwise exhibited any symptoms related to COVID-19 as identified by the Centers for Disease Control and Prevention (CDC). In the case of a health emergency or need of urgent healthcare involving my child, after a reasonable effort has been made to contact me (or if the urgency of the circumstances does not allow for an effort to contact me), I authorize and consent to any medical care deemed necessary for the health and safety of my Child.

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

Check one of the following:

My son / daughter is covered by hospitalization and medical insurance under policy

# \_\_\_\_\_ issued by \_\_\_\_\_.

My son / daughter is NOT covered by hospitalization and medical insurance and I 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 child if requested by my child, in accordance with dosage instructions provided on the corresponding drug's packaging (check all that apply:)

- Tylenol/Acetaminophen     Benadryl Diphenhydramine     Advil/Ibuprofen
- Imodium/Antidiarrheal     Neosporin/Antibody Ointment     Pepto Bismol

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

\_\_\_\_\_  
\_\_\_\_\_

ADD any dietary restrictions: \_\_\_\_\_

\_\_\_\_\_

I hereby authorize the Parish and the Archdiocese of Baltimore to take photographs and video recordings of my Child in connection with my Child's participation in the Program. I acknowledge and agree that photographs or videotape of participants of the Activities, including my child, may be used in publications, websites or other materials produced from time to time by St. St Peter's Church or by the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants will not be identified by name without specific written consent.) I agree that if I do not wish my child to be photographed or videotaped, I will notify the Youth Ministry Office in writing. I understand that the Youth Ministry Office staff has no control over the use of photographs or film taken by media that may be covering the event in which my child participates.

**The following emergency contacts have permission to pick-up my child and to make decisions regarding my child on my behalf if the Church is unable to reach me (please list as many as possible):**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED CHILD, HAVE READ THE FOREGOING PERMISSION & RELEASE AGREEMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY, WILLINGLY, AND VOLUNTARILY.**

\_\_\_\_\_

Parent / Guardian Signature

\_\_\_\_\_

Date

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

**St Peter's Catholic Church, Libertytown**

**YOUTH PERMISSION FORM AND RELEASE AGREEMENT**

1 July 2021 – 30 August 2022

**(PLEASE PRINT)**

Youth Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Parents /Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent E-mail Address: \_\_\_\_\_ Parent cell: \_\_\_\_\_

I hereby grant permission for the above-referenced child to participate in any and all EDGE/ANCHOR **youth ministry activities, held on or off-campus from 1 July 2021 to 30 August 2022**, and sponsored by St. Peter the Apostle Roman Catholic Church, including, but not limited to weekend retreats at Summit Lake or other retreat venues, Mount 2000 retreat, and service mission trips and social outings in the MD-PA-VA-WV area. I further grant permission for my child to be transported to, from, and during such activities by a VIRTUS-certified volunteer, employee, or third-party transportation company (the "Activities").

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\_\_\_\_\_

ADD any dietary restrictions: \_\_\_\_\_

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Parent / Guardian Signature

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Date

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

**St Peter's Catholic Church, Libertytown**

**YOUTH PERMISSION FORM AND RELEASE AGREEMENT**

1 July 2021 – 30 August 2022

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- Imodium/ Antidiarrheal     Neosporin/Antibody Ointment     Pepto Bismol

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

\_\_\_\_\_  
\_\_\_\_\_

ADD any dietary restrictions: \_\_\_\_\_

\_\_\_\_\_

I hereby authorize the Parish and the Archdiocese of Baltimore to take photographs and video recordings of my Child in connection with my Child's participation in the Program. I acknowledge and agree that photographs or videotape of participants of the Activities, including my child, may be used in publications, websites or other materials produced from time to time by St. St Peter's Church or by the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants will not be identified by name without specific written consent.) I agree that if I do not wish my child to be photographed or videotaped, I will notify the Youth Ministry Office in writing. I understand that the Youth Ministry Office staff has no control over the use of photographs or film taken by media that may be covering the event in which my child participates.

**The following emergency contacts have permission to pick-up my child and to make decisions regarding my child on my behalf if the Church is unable to reach me (please list as many as possible):**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED CHILD, HAVE READ THE FOREGOING PERMISSION & RELEASE AGREEMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY, WILLINGLY, AND VOLUNTARILY.**

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

\_\_\_\_\_  
Date

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