

# St. Francis of Assisi Parish

8 E Maple St, Dale, IN 47523  
(812)937-2200

Office use only:	
Registration Fee Paid:	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Amt. Paid	
Cash	
Check #	

## Faith Formation Registration Form

Faith Formation Registration

Registration Fee: \$25 per child / \$75 max per family

I am a catechist, my child(ren) attend at no charge

Name:			Phone:		
Family Last Name(s)	Mother:				
Email:	Father:				
Email:	Mailing Address:				

A Faith Formation flocknote group will be used to communicate to you any cancellations of class due to weather, holidays, Holy Days of Obligation, etc.

				Please check the boxes and provide the dates for the sacraments [Student's Name] has received:			
Student's Name:	Grade	Date of Birth	Baptized	First Reconciliation	First Holy Communion	Confirmation	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Emergency Contacts (when parents cannot be reached)			
Name:		Phone:	
Name:		Phone:	

People whom may NOT pick up: \_\_\_\_\_

Family Physician:	Phone:
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### Medical Information:

In the area below, list allergies (food and drug), medical conditions, and the course of action required in the event of an allergic reaction or medical incident

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**Youth Group: Students Grades 6-12. Please fill in contact information for each student to be added to flocknote for Youth Group information and activities.**

Name _____	Grade _____	Email: _____	Phone # _____
Name _____	Grade _____	Email: _____	Phone # _____
Name _____	Grade _____	Email: _____	Phone # _____
Name _____	Grade _____	Email: _____	Phone # _____

\* Parents will automatically be added to the Youth Group Flocknote, as well.

### Photo and Video Release:

I give permission for the students listed on this registration form to be photographed and/or video taped in supervised group settings during Faith Formation classes, events, and outings affiliated with St. Francis of Assisi Parish and The Catholic Diocese of Evansville. I understand the photos and/or video may be published and/or posted to the following types of publications and social media outlets affiliated with St. Francis of Assisi Parish and The Catholic Diocese of Evansville: Bulletins, newsletters, newspapers, websites, and social media sites.

#### Check one

I give permission to my child(ren) to be in photos, videos, and/or published.

I do not want my child(ren) to be in photos, videos, and/or published.

St. Francis of Assisi Parish's electronic device policy for Faith Formation classes. Electronic devices are not allowed to be used or worn during class time. Devices include, but are not limited to: phones, tablets, earbuds, AirPods, and headphones. Devices must be kept in a pocket. In the absence of a pocket, the device must remain on the table turned face down, and not handled during class. If a student does not abide by this policy, the device will be confiscated during class and the parents will be called to address the situation.

**Initial** \_\_\_\_\_

**Diocesan Event Waiver:**

I/We the parents of the above named youth, hereby give my/our approval for his/her participation in the above event. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify, and hold harmless the Bishop to The Catholic Diocese of Evansville, St. Francis of Assisi Parish, Rev. Crispine Adongo, Pastor, and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved in the activities and transportations associated with the event from any and all claims, including claims of personal injury to my/our youth or property damage, under any theory of law (including negligence, but not recklessness or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event. It is understood and agreed that neither the Parish, Catholic Diocese of Evansville, any respective affiliate, successors, agent, employee, member, representative, adult sponsor, no other volunteer is the insurer of my child's health and safety while he/she is at youth functions, engaged in supervised activities, including sports, or being transported in association with the event. I/We understand it to be my/our obligation to provide such insurance as I/we may desire to purchase to protect myself/ourselves and my/our child against the costs of sickness or injury. In case of emergency or serious illness, should the above named child require medical treatment, and a parent or the designated family physician can be contacted, consent is hereby granted for such medical treatment as may be considered necessary in the opinion of the attending physician. I UNDERSTAND THAT MY SIGNATURE RELIEVES DIOCESAN AND/OR PARISH PERSONNEL OF ANY AND ALL LIABILITY RELATED TO THE ADMINISTRATION OF ANY PRESCRIBED MEDICATION LISTED ON THE DIOCESAN MEDICAL INFORMATION FORM (INCLUDING OVER-THE-COUNTER DRUGS). Further, I/we acknowledge having read, or been made aware of the Diocesan Youth and/or Adult Codes of Conduct, the Diocesan Release for Media Recording, and the Diocesan Off-Site Transportation Policy, and I/we agree to be bound by the terms and conditions set forth in those documents (copies available via [www.evdio.org/diocesan-forms-for-oyaya.html](http://www.evdio.org/diocesan-forms-for-oyaya.html)). I/we understand that any action on behalf of my/our child/dependent that is inconsistent with the Diocesan Code of Conduct may result in appropriate disciplinary action as outlined in those documents. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Initial \_\_\_\_\_

**Bullying , Aggressive Behavior, and Cyberbullying**

Students are to respect the personal space of others. Touching, hitting, kicking, biting, pinching, pushing, or spitting will not be tolerated. Threatening, verbal abuse, or any other type of aggressive or harassing behavior will not be tolerated.

Bullying, Aggressive Behavior, and Cyberbullying will be handled as follows:

1st Infraction: Students participating in bullying, aggressive behavior, and cyberbullying will be sent to the CRE or Designated Event Group Leader. The student will be sent home.

A conference between the CRE and parents will be required before the student will be allowed to return to future Faith Formation classes or events.

A second offense will result in immediate expulsion from Faith Formation classes & Youth Group for the year. A conference will be required to determine readmission to the program for the following year.

Initial \_\_\_\_\_

**Safe Environment Training for students**

Check one

I give my child permission to attend

I do not want my child to attend

Parents of students in Faith Formation (grades 9-12) and students attending Youth Group activities (grades 6-12): By signing here, I understand that St. Francis of Assisi Parish will not be monitoring who my child leaves with following Faith Formation classes and Youth Group activities. I understand that it is my responsibility to make arrangements with my child to know who he/she is riding to and from with.

Initial \_\_\_\_\_

I have read and understand all of the policies listed on this Registration Form and the enclosed Student Behavior Expectations & Procedures document.

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