

*Mark the box to indicate your parish: Do you have a parish envelope ID #?*

□ St. Joan of Arc □ Yes. My parish envelope ID # is\_\_\_\_\_\_

□ Our Lady of Mt. Carmel □ No. I do not use the parish envelope.

□ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY INFORMATION**

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

FAMILY NAME HOME PHONE # # OF CHILDREN

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

STREET ADDRESS TOWN STATE ZIP CODE

 **FATHER’S INFORMATION** **MOTHER’S INFORMATON**

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

 FIRST NAME RELIGION FIRST & MAIDEN NAME RELIGION

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

OCCUPATION CELL PHONE OCCUPATION CELL PHONE

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

E-MAIL ADDRESS E-MAIL ADDRESS

□ Please add my e-mail to the announcements list so □ Please add my e-mail to the announcements list so

I am notified of class cancellations, events and reminders I am notified of class cancellations, events and reminders

**STUDENT INFORMATION**

Please provide the following information for each child registering for PRE classes during the 2019-2020 school year. All PRE classes for grades 1-8 will be held on Sunday from 9:50 am – 11:00 am, followed by Mass at 11:15 am.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | Name | Date of Birth | School | Sacraments received (When & where) | Grade |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

MEDICAL INFORMATION:

Please list any medical conditions (e.g., asthma, diabetes, food allergies) your children may have. Please include the severity of the conditions, triggers, and any medication information (e.g., inhaler, epi pen). If you have multiple children, please indicate which child has the medical condition

ACADEMIC INFORMATION:

Please list any potential learning disorders (e.g., reading, writing), behavioral conditions (e.g., ADHD, anxiety), or other conditions (e.g. Autism) that your child may have. If you have multiple children, please indicate which child has the condition. This section is strictly confidential. Any information you disclose will only be accessible to the Pastor and Director of religious education. This section is included so we can best serve your children and maintain a comfortable environment for all students to learn.

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

**PARENTAL PLEDGE**

*Initial after each statement to confirm your commitment. After initialing each statement, sign and date at the end of pledge:*

1. In registering my child for PRE classes at St. Joan of Arc-Our Lady of Mt. Carmel, I reaffirm my faith commitment. With God’s help, I promise that I will continue to the best of my ability to live that faith as an active and supportive member of the St. Joan of Arc-Our Lady of Mt. Carmel family. \_\_\_\_
2. I understand that the Church teaches that as a parent, I am the primary educator of my child’s religious education. As the primary educator, I agree to take responsibility for my child’s faith formation in each of the following ways:
3. I commit to making sure that my child attends PRE sessions regularly. I am informed that the policy of St. Joan of Arc-Our Lady of Mt. Carmel allows no more than 6 absences from PRE classes if my child is to advance to the next grade level. \_\_\_\_
4. I agree to listen and discuss the Catholic Christian life and beliefs with my child at home. \_\_\_\_
5. I commit to attending Mass regularly with my child. I am informed that I or my child should use the Mass Sign-In Sheet located at the back of the church. \_\_\_\_
6. I will be an active participant in my child’s faith formation by following our faith traditions at home. I commit to assisting my child in learning the required prayers for each grade level. \_\_\_\_
7. I understand that my child’s 2nd behavioral referral to the Director’s Office by his/her teacher may result in suspension from the PRE Program for the remainder of the year. \_\_\_\_
8. As the first and primary educator of my child in the ways of the PRE program and welcome my child’s priests, administrators, and teachers as partners in my child’s ongoing religious education. \_\_\_\_
9. I will participate at least once for St. Joan of Arc-Our Lady of Mt. Carmel PRE in a way that would benefit its students or help benefit the program in general. \_\_\_\_

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

Signature Month/Day/Year

**PARENTAL PARTICIPATION**

As mentioned in the parental pledge, it is expected that each family participates at lease once per year in a meaningful way that contributes to our Parish Religious Education (PRE) program. There are many volunteer opportunities available. Please consider which one(s)you would be able to best fulfill for the benefit of our children.

**Note:**  You must check at least one box, if you check the “Catechist/Teacher” box, you must give a back-up choice, as the majority of our current Catechists are returning and will be given seniority. Thank you.

□ Communion Retreat □ Confirmation Retreat □ Christmas Program

 (2nd grade parents only) (8th grade parents only) 11:15 am to 1:15 pm

□ Catechist/Teacher □ Substitute Catechist/Teacher □ Unfortunately, I am unable to

 Preferred Preferred volunteer my time this year.

 Grade: \_\_\_\_\_ Grade: \_\_\_\_\_ Please accept my $10 donation.

**FIELD TRIP WAIVER:**

I give permission for my child to go on planned field trips that are approved in advance by myself, by my child’s Catechist, and by the PRE Director. I release St. Joan of Arc-Our Lady of Mt. Carmel from liability in case of an accident during the field trip activities related to the PRE Program, so long as reasonable safety precautions have been taken.

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Signature Month/Day/Year

**ALTERNATE EMERGENCY CONTACTS**

 Please indicate at least one additional emergency contact other than a parent or guardian. Although every

attempt will be made to reach parents/guardians first, it is helpful to have an alternate emergency contract in case we are unable to reach you during a medical emergency.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NAME PHONE # RELATIONSHIP TO STUDENT

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NAME PHONE # RELATIONSHIP TO STUDENT

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 FAMILY PHYSICIAN BUSINESS PHONE # BUSINESS NAME (e.g. Mahwah Medical)

**EMERGENCY MEDICAL WAIVER**

 In case of my child’s accident or illness, I request that the St. Joan of Arc-Our Lady of Mt. Carmel Office of Parish Religious Education (PRE) contact me as soon as possible. In the event that I am unable to be reached, I hereby authorize the Office of PRE to contact the emergency contacts and/or physician listed above. If it is not possible to contact this physician, I authorize the Office of PRE to make whatever arrangements necessary. I agree to assume the financial responsibility for any diagnosis, treatment, and/or medication deemed necessary by medical personnel.

 I understand that the Office of Pre does not provide emergency medical transportation. In the event that my child is in need of emergency medical attention, I hereby authorize emergency medical personnel to transport my child to the hospital. I understand that once my child leaves the St. Joan of Arc-Our Lady of Mt. Carmel campus, the Office of PRE is under no obligation to supervise my child.

 To the best of my knowledge, all the information I have provided is accurate and complete. I hereby consent to and authorize the above emergency medical procedures that have been stated.

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Signature Month/Day/Year

**MEDIA AUTHORIZATION & RELEASE**

 I hereby consent to taking of photographs, movies, videos, and images capable of reproduction in any medium of myself, my family, my children, or children of whom I am the designated guardian

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

NAME, CHILD 1 NAME, CHILD 2 NAME, CHILD 3 NAME, CHILD 4

by St. Joan of Arc-Our Lady of Mt. Carmel PRE, the Archdiocese of New York and its parents, affiliates, trustees, coordinators, member, officers, employees, volunteers, agents, invitees, and contractors.

 I hereby grant the parish the right to edit, reproduce, use and reuse images for any and all purposes, including, but not limited to: advertising, promotion, and display. I hereby consent to the editing, reproduction, use and re-use of said images in any and all media in existence and all media yet in existence, including, but not limited to: video, print, television, internet, and podcast.

 I forever grant, assign and transfer to the parish any right, title and interest that I and/or my child may have in any images, including negatives, taken of me and/or my child by the parish. I hereby agree to release, indemnify and hold harmless the parish from any and all claims, demands, actions or causes of actions, loss, liability, damage or cost arising from this authorization.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­­­­