

Star of the Sea Catholic Church
2017-2018 Elementary School Christian Formation
Grades K-5
Monday 6:15 – 7:30pm



Student Name: _____ Home Phone: _____

Age: _____ Sex: M / F Grade (2017-2018): _____ School Attending: _____

Father's name: _____ Religion: _____

Father's email: _____ Father's cell phone: _____

Mother's name: _____ Religion: _____

Mother's email: _____ Mother's cell phone: _____

Communication Preference (email/phone/text) Mother: ___ Father: ___ Both: ___

Do both parents reside in the home: yes or no If no, child resides with _____

My child has special needs: yes or no If yes, how can we be of assistance?

Parental involvement in Christian Formation is essential, both by example and participation. We need parents (and older teens) to volunteer. Thank you for being generous with your time.

- | | |
|--|--|
| _____ Catechist | _____ general help – hall/ door monitor, etc |
| _____ Catechist aide | _____ Helper |
| _____ First Reconciliation/ Eucharist Team | _____ snacks |

Are you VIRTUS trained: yes or no

If you are 18 or older, you must participate in VIRTUS training and background check



Please be advised that Flocknote will be used for email and text communication. Parent(s) noted above will be added to Flocknote.

Which Mass do you usually attend: _____ 5pm _____ 8am _____ 10am _____ 12pm

Are you a registered parishioner? Yes _____ No _____ (Registration Forms are available on the parish website)

Christian Formation Fee - \$50 per family

Star of the Sea Catholic Church
Elementary School Release Form

Parish: Star of the Sea Church Phone: 757-428-8547
Address: 1404 Pacific Ave, Virginia Beach, VA 23451
Type of Event: see information for each event to be given out separately
Destination: see information for each event to be given out separately
Individual in Charge: Coordinator of Christian Formation/ Adult Volunteer Catechists
Transportation: see information for each event to be given out separately
Dates of Trip: see information for each event to be given out separately

Child's Name _____ **Date of Birth** _____ **Gender** _____

Parent(s)/Guardian's Name _____

Street Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Emergency Contact Name (other than parents) _____

Contact Number _____ **Relationship to Child** _____

Does your child have allergies? Yes or No
Details:

Is your child taking any medications? Yes or No
Details:

Is there any other physical or emotional condition of which we need to be aware: Yes or No
Please explain:

As parent/guardian I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Catholic Diocese of Richmond, Star of the Sea Church, their employees and agents, chaperons, or representatives associated with the event from any claim arising from or in connection with my child attending the event 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 and/or Star of the Sea, their employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese and/or Star of the Sea Church

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the case of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. 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 I give permission for the noted emergency contact to be notified. I will not hold the Diocese of Richmond and/or Star of the Sea Church responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

Parent/Guardian Signature: _____ **Date:** _____

I give permission for pictures and/or video of my child (named above) engaged in activities related to Star of the Sea Church to have their pictures posted in publications or websites. Names of participants will not be used without expressed permission from the parent or guardian. If neither box is checked below, Star of the Sea assumes you give permission

_____ **Yes** _____ **No**

Parent/Guardian Signature: _____ **Date:** _____