



Religious Education Registration Form 2024-2025

Sacred Heart Parish

Email: Dre-sh-gr@diobpt.org

95A Henry St

Greenwich, CT 06830

203.531.8730

Family Information/ Informacion Familiar

Family Last Name

Apellido Familiar

Home Address

Direccion

City/State/ Zip Code

Ciudad/ Estado/Codigo Postal

Emergency Contact

Contacto de Emergencia

Emergency Number

Numero de Emergencia

Cellphone

Celular

Alt Phone

Numero Alternativo

Email

Mother Info/ Información de la Madre

First Name

Nombre

Last Name

Apellido

Cell Phone

Celular

Work Phone

Numero del Trabajo

Email

Catechist

Catequista Voluntario

Volunteer

Register Parishoner? / Registrado en la parroquia?

Father Info/ Información de la Padre

First Name

Nombre

Last Name

Apellido

Cell Phone

Celular

Work Phone

Numero del Trabajo

Email

Catechist

Catequista Voluntario

Volunteer

Register Parishoner? / Registrado en la parroquia?



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Student Info 1 / Informacion del Estudiante 1

Name / Nombre _____

Last Name / Apellido _____

Date of Birth / Fecha de Nacimiento _____

School / Grade 2024-2025 / Escuela/ Grado _____

Allergies/ Special Needs / Alergias/ Necesidades Especiales _____

Gender / Sexo _____ Returning Student / Estudiante de Regreso

Student Info 2 / Informacion del Estudiante 2

Name / Nombre _____

Last Name / Apellido _____

Date of Birth / Fecha de Nacimiento _____

School / Grade 2024-2025 / Escuela/ Grado _____

Allergies/ Special Needs / Alergias/ _____

Gender / Sexo _____ Returning Student / Estudiante de Regreso

One Child	\$100
Sibling Disc	\$50
First Communion	\$100
Confirmation	\$100
Late Fee	\$25

*Please provide/attach Baptism and Holy Communion Certificate if your child is being registered for the first time.

*Si es la primera vez que inscribe a su hijo, adjunte el certificado de bautismo y Primera Comunión

*Please fill out one Registration Form and Diocese Annual Consent Release for each child in your Family

*Por favor, rellene un Formulario de Inscripción y la Autorización Anual de la Diócesis por cada niño de su familia.



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Student Info 3/ Informacion del Estudiante 3

Name

Nombre

Last Name

Apellido

Date of Birth

Fecha de Nacimiento

School / Grade 2024-2025

Escuela/ Grado

Allergies/ Special Needs

Alergias/

Gender

Sexo

Returning

Student

Estudiante de Regreso

Student Info 4/ Informacion del Estudiante 4

Name

Nombre

Last Name

Apellido

Date of Birth

Fecha de Nacimiento

School / Grade 2024-2025

Escuela/ Grado

Allergies/ Special Needs

Alergias/

Gender

Sexo

Returning

Student

Estudiante de Regreso

One Child	\$100
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First Communion	\$100
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Late Fee	\$25

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Parent Pledge

The purpose of Religious Education program is to ensure that each student reaches his/her full potential in our Faith Formation. To achieve this purpose, we have put together this parent agreement.

Initials

1. I will attend Mass every week with my child
2. I am aware that the part of Religious Education Program is to help strength the Faith rather replace my parental responsibilities to nurture the Faith of my child.
3. I am aware that my attendance at all the parent's / guardian's meetings is imperative in interested of the Faith Formation of my child.
4. I am aware of the importance of my child attendance each week.
5. I will ensure my child comes to class on time and prepared to work.
6. I will ensure my child will be attentive always respecting the rights to others to learn without disruption.
7. I will ensure my child shows respect for teachers by following classroom rules.
8. I am aware the usage of cellphones during class are prohibit.

I acknowledge that I have read and initial the requirements mentioned above and support my child/children in this program. I understand that failure to abide will result in my child's removal from the Religious Education Program. Any student who disrupts a class with subjects not related to Faith Formation or with any inappropriate behavior will be sent home with a disciplinary action. Repeated offenses will result in the termination of the program.

Signature:

Date:

Compromiso de los Padres

El propósito del programa de Educación Religiosa es asegurar que cada estudiante alcance su máximo potencial en nuestra Formación de Fe. Para lograr este propósito, hemos elaborado este acuerdo de padres.

Iniciales

1. Asistiré a misa todas las semanas con mi hijo.
2. Soy consciente de que el Programa de Educación Religiosa es para ayudar a fortalecer la Fe en lugar de reemplazar mis responsabilidades parentales para fomentar la Fe de mi hijo.
3. Soy consciente de que mi asistencia a todas las reuniones de padres / tutores es imprescindible en interés de la Formación en la Fe de mi hijo.
4. Soy consciente de la importancia de la asistencia de mi hijo cada estudiar.
5. Me aseguraré de que mi hijo llegue a clase a tiempo y preparado para trabajar.
6. Me aseguraré de que mi hijo esté atento respetando siempre el derecho de los demás a aprender sin interrupciones.
7. Me aseguraré de que mi hijo respete a los profesores y siga las normas de clase.
8. Soy consciente de que está prohibido el uso de teléfonos móviles durante las clases.

Reconozco que he leído y puesto mis iniciales en los requisitos mencionados anteriormente y apoyo a mi(s) hijo(s) en este programa. Entiendo que el incumplimiento de los mismos resultará en la expulsión de mi hijo/a del Programa de Educación Religiosa. Cualquier estudiante que interrumpa una clase con temas no relacionados con la Formación de Fe o con cualquier comportamiento inapropiado será enviado a casa con una acción disciplinaria. Ofensas repetidas resultarán en la terminación del programa.

Firma:

Fecha:

ANNUAL CONSENT AND RELEASE

DIOCESE OF BRIDGEPORT PARISH ANNUAL PARENTAL CONSENT AND RELEASE FORM

PARISH - SACRED HEART CHURCH

YEAR - 2024-2025

Personal Information

Full Name of Child			
Address			
City	State	Zip	
Home Phone	Date of Birth ___/___/_____	Grade	
Participant E-Mail			
Participant Cell Phone			

Providing email address and cell number grants permission for electronic communication from group leader to this young person regarding all group activities, in accord with diocesan guidelines.

Medical Information

- * Yes No Does your child have any allergies (food or medicinal)? If Yes, please explain below.
- Yes No Can your child participate in all activities (physical and social)?
- * Yes No Does your child have an IEP (individual education plan) at school?
- * Yes No Does your child participate in any Special Education programs at school?
- * Yes No Has your child been diagnosed with ADHD?
- * Yes No Is your child allergic to bee stings? **
- * Yes No Does your child have asthma? **
- * Yes No Are there any serious medical conditions of which the Youth Minister, Director/ Coordinator of Religious Education, Parish Nurse (if applicable) should be aware? *

**If you answered 'yes' to any of the above, it is the responsibility of the parent/guardian to check with parish representatives to ensure those items *ed above will not endanger the young person. **Epi-pens should be carried by the young person, if appropriate, and parents/guardians should discuss protocol before enrollment.*

Current Prescription Medications	
Medicinal Allergies	
Food Allergies	

Parent/Guardian Information (Mother)

Full Name of Mother			
Home Phone			
Cell Phone		Email	

Parent/Guardian Information (Father)

Full Name of Father			
Home Phone			
Cell Phone		Email	

Additional Emergency Contact

Full Name of Emergency Contact			
Home Phone		Cell Phone	

In Case of Emergency

The following procedures are in place if your child becomes sick or injured or needs to be sent home for disciplinary reasons. Calls will be made to the following numbers, in the following order.

1. Home and cell phones of Mother/Father/Guardian
2. Home and cell phones of Emergency Contact
3. Ambulance for transportation of child to medical facility (in case of injury). In case of a major injury that requires immediate medical attention, an ambulance may be called first.

Staff will continue to call the parents or guardians until one is reached. Please note information on this form will be shared with emergency medical staff.

Personal Electronic Technology Devices (PTD)

All extraneous personally owned technology devices, including, but not limited to, cellular phones, gaming devices, headsets, and other communication devices are for use only during an actual lock down or emergency. Other devices, including, but not limited to, tablet PCs, mobile presenters, wireless tablets, digital audio and video recorders, smart phones, smart watches, iPods, Kindles, iPads, camera video phones, digital cameras or laptops are to be used only when permission has been granted by an institutional or organizational employee or volunteer with the authority to grant such permission. Devices capable of capturing, transmitting, or storing images or recordings may never be accessed, turned on or operated in restrooms, or other areas where there is a reasonable expectation of privacy. To protect the safety and well-being of students, staff, and other community member’s personal property and to avoid disruptions to the learning environment; group leaders, or catechists reserve the right to confiscate or collect any PTD. The content of any PTD device may be reviewed by a designated chaperone or official as part of any investigation of policy violation or other suspected inappropriate, immoral and/or illegal use. If an illegal act is discovered, local law enforcement officials will be contacted. The Roman Catholic Diocese of Bridgeport and its parishes and organizations are not responsible for any harm to PTDs, including by not limited to the loss, theft, damage, or destruction of PTDs or any contents therein.

Parent Initial _____

Photo Release

I understand that promotional pictures (individual and group) may be taken during officially sanctioned events. I give permission for my son’s/daughter’s picture to be used for promotional materials (newsletter, web page, social media etc.) in highlighting the event. I understand, however, that the above-named parish/institution has no control over the use of photograph or film taken by media or private vendors that may be covering events (i.e., videographer at a First Communion). If you wish to **opt out**, please do not initial.

Parent Initial _____

Medication

I understand that the above-named individual while participating in the above-named parish youth activity(ies) and faith formation opportunities during the current program year should not self-administer medication of any kind. **I authorize** responsible personnel, if the circumstances warrant, to administer over the counter medications if available. In doing so, the personnel will not incur any liability or responsibility for any action or inaction taken based on their reasonable judgement and the specific facts of any situation. I hereby understand and acknowledge the role of responsible personnel and accept this practice related to medications.

Parent Initial _____

Permission and Hold Harmless

I hereby give my consent for the above-named individual to participate in the above-named parish youth activity(ies) and faith formation opportunities during the current program year. **I authorize** responsible personnel to obtain proper medical treatments should it become necessary. Excluding intentional, deliberately-inflicted and illegally caused injuries, **I further agree**, in consideration of the above named parish’s sponsorship of beneficial youth programs, to release the above named parish, the Roman Catholic Diocese of Bridgeport, and all of their employees, directors, administrators, youth ministers and volunteers from all legal liability for accidental injuries suffered by my child as a result of participation in activities, or travel to and from any officially sanctioned event. Providing, however, that recourse is reserved to seek damages, medical and hospital expenses, and court costs for any such accidental injuries to my child incurred during an officially sanctioned event from any liability insurance carrier within the limits of its liability policy.

If I cannot be reached and the parish authorities have followed the procedures described, **I agree to assume all expenses** for transporting and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures which may be carried out based on the medical judgment of attending physician.

I understand that the Diocese of Bridgeport and its staff are committed to providing fun, safe, educational experiences and that diocesan events are conducted in smoke-, alcohol-, and drug-free environments. Considering this, and to help ensure the safety of all concerned, I understand that if my child is in possession of drugs, alcohol, or tobacco products, engages in illegal, immoral, or offensive behaviors, or refuses to follow the directions given by event staff or volunteers while participating in this activity, I will be contacted immediately to pick up my child.

I affirm that the information above is true and correct and may be shared with parish personnel on a “need to know” basis.

Signature of Parent/Guardian: _____

Relationship to Participant: _____ Date: _____