

INTER-PARISH RELIGIOUS FORMATION
 2019 – 2020 Religious Education Registration Form --- 404 W Lawrence St, Appleton, WI 54911

Family Last Name _____ Father _____ Mother _____
 Address _____ Home Phone _____ Emergency Phone _____
(Street address including Ctry. & Zip Code)
 Mother's Cell # _____ Father's Cell # _____ E-mail Address _____
 Custodial Parent (if different from above): Name _____ Home Address _____
 Email: _____

Registered Parish: _____ St Joseph _____ St Mary _____ If you belong to another Parish, which Parish _____

Child's Name _____ **Birthdate** _____ **Gender** _____ **Grade** _____ **Session/Time** _____ **Sacraments Received (Please Check)** _____ **School Attending** _____
(M/F) (4:30 or 6:30) (Upcoming 2019-2020 School Year)

Do any of your children have a condition related to allergies, physical health, emotional stability, or learning ability that we should be aware of? YES NO (Please circle one)

If so, please explain: _____

Tuition for 2019-2020: * \$105 for one child; * \$190 for two children; * \$240 for 3 or more children
 ** \$30 per family registration fee is required today to register for next year. This will be deducted from your total tuition due and is non-refundable.
 *** Out of Parish Tuition: \$130 for one child, \$260 for two children; \$390 for 3 or more children

Additional Fees: **Grade 2: First Reconciliation \$20; First Eucharist \$35
 **Retreat Fee for Grades 6-10 -- \$10 per child
 **Grade 11: Confirmation \$50

Tuition: \$ _____
 First Reconciliation Fee: \$ _____
 First Eucharist Fee: \$ _____
 Confirmation Fee: \$ _____
 Retreat Fee (grades 6-10 --\$10 per child): \$ _____
Total Tuition/Fees Due for 2019-2020: \$ _____

Payment Plan Options: Please choose one of the following payment plans. Statements will be sent prior to the due date that you have chosen.
 Paid in Full _____
 Plan A (Total due by 9/13/19) _____
 Plan B (50% by 9/13/19 and 50% by 11/15/19) _____
 Plan C (Please send me a monthly statement -- I will make 8 monthly payments) _____

I understand that the amount listed above is due before April 1, 2020 unless payment arrangements have been made with the IPRF Staff. Parent Initials _____

For Office Use Only: Paid: \$ _____ Check # _____ Cash _____ Date _____

Parental/Guardian Statement of Intent for the Use of Social Communications and Personal Representation for Inter-Parish Religious Formation and the Diocese of Green Bay

CERTIFICATION, ACKNOWLEDGEMENT AND AUTHORIZATION FOR CONSENT AND RELEASE FORM FOR SOCIAL MEDIA OR OTHER ELECTRONIC COMMUNICATION INVOLVING MINORS AND INDIVIDUALS AT RISK

I am the parent or legal guardian of _____ (full name of minor/individual at risk).

_____ I certify that he/she is at least 13 years old. OR _____ I certify that he/she is at less than 13 years old.

I have been made aware of the *Safe Environment Social Communications Policy & Guidelines for the Diocese of Green Bay*.

Permission for ministry representatives to digitally communicate with your child	
_____ Yes, I authorize...	communication with My Child electronically, including via social media or other digital means, in accordance with the <i>Safe Environment Social Communications Policy for the Diocese of Green Bay</i> by staff ministry representatives of Inter-Parish Religious Formation or diocesan-affiliated ministry of the Diocese of Green Bay.
_____ No, I do not authorize...	

Parental access	
_____ Yes, I request...	to access any communication or content involving my child, according to the archive, access and availability guidelines established by Inter-Parish Religious Formation.
_____ No, I waive...	

Multimedia release	
_____ Yes, I do...	authorize and consent that Inter-Parish Religious Formation, the Diocese of Green Bay and anyone authorized by Inter-Parish Religious Formation or Diocese of Green Bay be permitted to use and publish for general communications, advertising, commercial and publicity purposes, the likeness of my child and my child's original work for any other lawful purpose whatsoever, including video, audio, photographic portraits, pictures, reproductions, quotations, made through any medium, including social or other electronic media, in accordance with the <i>Safe Environment Social Communications Policy for the Diocese of Green Bay</i> .
_____ No, I do not...	

This statement of intent, and if indicated - consent, is valid for one year. If I choose to rescind my consent to the Authorization, I agree that I will inform Inter-Parish Religious Formation in writing and that my rescission will not take effect until it is received by Inter-Parish Religious Formation. I understand however that it may not be possible to recall any work or photos that have been published prior to receipt of my written rescission.

I have read this certification, acknowledgement, statement of intent and if indicated, release, and have had the opportunity to consider its terms, and understand it. I execute it voluntarily and with knowledge of its significance.

Parent/Guardian Names (please print): _____

Email address: _____

Address: _____

Phone number: _____

Signature of Parent/Guardian: _____ Date: _____

IPRF Liability Form

MEDICAL INFORMATION AND PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

Participant's name: _____ Date of birth: _____

Sex: _____ Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Business phone: _____

I, _____ grant permission for my child, _____ to participate in any
Parent or guardian's name *Child's name*
event organized by Inter Parish Religious Faith Formation Department between and including the dates of June 1, 2019 and May 31, 2020. If the event is offsite, I also grant permission for my child to be transported by any means of official transportation organized by Inter Parish Religious Formation or their representatives.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Inter Parish Religious Formation its officers, directors, employees and Inter Parish Religious Formation agents, and the Diocese of Green Bay, its employees and agents, chaperones, 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 parish/school, its officers, directors and agents, and Diocese of Green Bay its employees and agents and chaperones, or representative 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 parish/school or the Diocese of Green Bay.

Signature: _____ Date: _____

MEDICAL MATTERS: 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. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

EMERGENCY MEDICAL TREATMENT: In the event of an 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, contact:

Name & relationship: _____ Phone: _____

Child's Family doctor: _____ Phone of Doctor: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

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Medications: My child is taking medication at present. My child will bring all such medications necessary and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ **Date:** _____

Please check ONE of the Following:

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.

I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ **Date:** _____

Specific Medical Information: The parish/school will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Does child have a medically prescribed diet? _____

Does child have any physical limitations? _____

You should be aware of these special medical conditions of my child: _____

MEDIA RELEASE: This authorization form constitutes permission for my child(ren)'s participation in videotaping and/or photographs which may be taken during the program/trip. These could be used for further promotional videos, website promotions, fliers, or other diocesan or parish appropriate uses.

Signature of Parent/Guardian _____

By completing this form, I agree that if any information submitted in this form changes between, **date signed and May 31, 2020**, it is my responsibility to notify **Inter Parish Religious Formation** so they can update the relevant information.

Acceptable Use for Computers and Telecommunications Devices
And Participant Bring Your Own Device – Release and Waiver of Liability

Participant Name _____ Birth Date _____

Participant Name _____ Birth Date _____

Participant Name _____ Birth Date _____

Participant Name _____ Birth Date _____

Parent /Guardian Name _____

Address _____ City _____ State _____

Zip _____ Email _____ Home phone _____

In consideration of being permitted to bring personal computer and telecommunication equipment to Inter-Parish Religious Formation (IPRF) activities for accessing faith formation related information offered over the wireless network, IPRF will allow the individual participant or volunteer limited network and Internet access. However, the undersigned must agree to the following:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE IPRF, St. Mary Parish, Appleton, St. Joseph Parish, Appleton, the Diocese of Green Bay, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the personal equipment brought forth to IPRF, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with IPRF.

2. THE UNDERSIGNED HEREBY AGREES TO use the personal equipment in accord to all program and Diocesan policies as indicated in the IPRF handbook. Any misuse of equipment can still lead to possible enforcement of penalties depending on severity of misuse.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF PROPERTY DAMAGE due to negligence of releasee or otherwise while in, about, or upon the premises of St. Mary Parish Appleton, and St. Joseph Parish, Appleton and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with IPRF.

4. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND AGREE TO ITS TERMS AND CONDITIONS.

Parent /Guardian Name _____ Date: _____

Parent /Guardian Signature _____

2019-2020 IPRF Volunteer Opportunities

The Inter-Parish Religious Formation Program depends on Volunteers in many different areas. Please consider how you can help!

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Name _____ Phone _____

Email _____

Grades K-11:

___ I am able to be a catechist: grade preference _____. Time: 4:30 or 6:30
Catechists attend a training session one evening in early September, October, & January.

___ I am able to be a substitute catechist. Time: 4:30 or 6:30

___ I am able to be a catechist aide: grade & time preference _____. Aides attend a training session in early September

___ I am able to be a hall monitor at: Time: 4:30 or 6:30 at St. Mary or St. Joseph

___ I am able to work in the Office Area/Hall Monitor (collect attendance cards & call names of missing students to staff person at the IPRF Office). Time: 4:30 or 6:30 at St. Mary

___ I am able to help with events in the following ways:

___ Baking ___ Childcare ___ Retreat Helper ___ Retreat/Mission Trip Chaperone

___ Youth Hang Out Helper

___ I am able to be a CYO Basketball Coach (Saturdays, November – February).

Thanks for your commitment! Any questions, please call our IPRF Office at 738-7413.

All volunteers working with children under 18 years of age or vulnerable adults will be asked to comply with the U.S. Bishops' directives to ensure the protection of our children and vulnerable adults in all ministries sponsored by the parish.

This includes:

- A background check
- Signature on the Diocesan "Code of Conduct"
- Attendance at "Protecting God's Children" workshop