

2020-2021 Transfiguration Faith Formation

Registration for Grades K - 12

You must be a **registered** member of Transfiguration/St. Theresa's/Holy Cross Mission to participate in our Faith Formation Program.

Please print legibly:

Children/Family Last Name:			
Our Family is registered at: <input type="checkbox"/> Transfiguration <input type="checkbox"/> St. Theresa's <input type="checkbox"/> Holy Cross Mission		We are signing up for: <input type="checkbox"/> Onsite Programming <input type="checkbox"/> Virtual Programming	
Mailing Address:		City:	State & Zip:
Primary Phone:		E-Mail Address(es):	
Father's Last Name:	Father's First Name:	Father's Cell #: Text: <input type="checkbox"/> Yes <input type="checkbox"/> No	Religion:
Mother's Last Name:	Mother's First Name:	Mother's Cell #: Text: <input type="checkbox"/> Yes <input type="checkbox"/> No	Religion:
Emergency Contact (other than parents):		(Name/Relationship/Phone #)	
Child(ren) live with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian/Other (specify):			
If mailings and information should be sent to another address in addition to the one listed above, please specify:			
<u>Fee Schedule for 2020-2021 Calendar Year:</u>			
No one is ever denied faith formation due to financial hardship. Please contact the Parish Office for more information: (803)-735-0512		<u>Onsite/Virtual Tuition for All Grades</u> \$ 55.00 one child \$ 90.00 for a family	
We are always looking for helping hands! Please check if you are able to assist in one of these ways:			
____ Substitute Teacher/Volunteer if needed		____ Provide individually wrapped snacks for Youth Group	
____ Chaperone special events or parties		____ Provide transportation for Youth Group Events	
If returning this form in the offering basket, please place in a sealed envelope with your payment and write "Office" on the outside. Make checks payable to: <u>Transfiguration Catholic Church</u>			

2020-2021 Faith Formation & Youth Ministry Registration

Please provide information **for each child** to be enrolled in Faith Formation and/or Youth Ministry

1.) Last Name:		First Name:		Middle Name:
Date of Birth:	Age:	Gender: M F	T-Shirt Size:	
School & Grade your child will be entering:				
My child has celebrated these Sacraments. Copy of Certificates required if not on file with our office.				
<input type="checkbox"/> Baptism (date, parish, city, st: _____)				
<input type="checkbox"/> First Communion (date, parish, city, st _____)				
<input type="checkbox"/> Confirmation (date, parish, city, st: _____)				
Please list any health, physical, or educational needs your child may have:				
2.) Last Name:		First Name:		Middle Name:
Date of Birth:	Age:	Gender: M F	T-Shirt Size:	
School & Grade your child will be entering:				
My child has celebrated these Sacraments. Copy of Certificates required if not on file with our office.				
<input type="checkbox"/> Baptism (date, parish, city, st: _____)				
<input type="checkbox"/> First Communion (date, parish, city, st _____)				
<input type="checkbox"/> Confirmation (date, parish, city, st: _____)				
Please list any health, physical, or educational needs your child may have:				
3.) Last Name:		First Name:		Middle Name:
Date of Birth:	Age:	Gender: M F	T-Shirt Size:	
School & Grade your child will be entering:				
My child has celebrated these Sacraments. Copy of Certificates required if not on file with our office.				
<input type="checkbox"/> Baptism (date, parish, city, st: _____)				
<input type="checkbox"/> First Communion (date, parish, city, st _____)				
<input type="checkbox"/> Confirmation (date, parish, city, st: _____)				
Please list any health, physical, or educational needs your child may have:				
PLEASE MAKE SURE WE HAVE COPIES OF YOUR CHILD(REN)'S SACRAMENTAL CERTIFICATES				

___ I give permission for my child(ren) to be photographed.* (pictures used in bulletin/parish website/social media)

___ I do NOT give permission for any pictures to be posted showing my child's image.

* No name will be printed/attached to images!

2020-2021 Faith Formation & Youth Ministry Registration

Please provide information for each child to be enrolled in Faith Formation and/or Youth Ministry

4.) Last Name:		First Name:		Middle Name:
Date of Birth:	Age:	Gender: M F	T-Shirt Size:	
School & Grade your child will be entering:				
My child has celebrated these Sacraments. Copy of Certificates required if not on file with our office.				
<input type="checkbox"/> Baptism (date, parish, city, st: _____)				
<input type="checkbox"/> First Communion (date, parish, city, st _____)				
<input type="checkbox"/> Confirmation (date, parish, city, st: _____)				
Please list any health, physical, or educational needs your child may have:				
5.) Last Name:		First Name:		Middle Name:
Date of Birth:	Age:	Gender: M F	T-Shirt Size:	
School & Grade your child will be entering:				
My child has celebrated these Sacraments. Copy of Certificates required if not on file with our office.				
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<input type="checkbox"/> First Communion (date, parish, city, st _____)				
<input type="checkbox"/> Confirmation (date, parish, city, st: _____)				
Please list any health, physical, or educational needs your child may have:				
6.) Last Name:		First Name:		Middle Name:
Date of Birth:	Age:	Gender: M F	T-Shirt Size:	
School & Grade your child will be entering:				
My child has celebrated these Sacraments. Copy of Certificates required if not on file with our office.				
<input type="checkbox"/> Baptism (date, parish, city, st: _____)				
<input type="checkbox"/> First Communion (date, parish, city, st _____)				
<input type="checkbox"/> Confirmation (date, parish, city, st: _____)				
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**2020-2021 ✎ Discipline Policy for Faith Formation
& Youth Ministry**

The Purpose of good classroom management is to provide an environment conducive to learning and experiencing our faith. Catechists have the right to teach and students have the right to learn. An extremely disruptive student interrupts the learning experience and upsets the class.

Students are expected to abide by these rules:

- 1. Follow the rules the catechists and students have come up with or agreed upon in each classroom.**
- 2. Show respect with your words and actions to everyone around you.**

Our Policy in handling disruptive students is as follows: First the catechist will discuss the situation with the student; on the second occurrence, the student will be removed from the group with a chaperone and a parent will be asked to pick them up. If a situation continues uncorrected, the Youth Minister or DRE will make an appointment with the parents and the student for a meeting to discuss the situation.

We have read and agree to follow the parish Discipline Policy.

Student(s) Signature(s)	Student #1:	Date:
	Student #2:	Date:
	Student #3:	Date:
	Student #4:	Date:
Parent(s)/Guardian Signature(s)		Date:
		Date:

2020-2021 ✎ LIABILITY RELEASE FOR ACTIVITIES AND SPORTS/GAMES

LIABILITY RELEASE: In consideration of the Parish of Transfiguration arranging for activities and sports/games during or after regular classes in the 2020-2021 school year, the undersigned parent of above minor(s), hereby releases and agrees to hold harmless the Diocese of Charleston, the Parish of Transfiguration or any of its advisors, chaperones or persons connected with the activity from liability, claims or damages for personal injury, property loss or other damage which may result during the event. The undersigned hereby agrees to abide by the rules established.

Student(s) Signature(s)	Student #1:	Date:
	Student #2:	Date:
	Student #3:	Date:
	Student #4:	Date:
Parent(s)/Guardian Signature(s)		Date:
		Date:

DIOCESE OF CHARLESTON COVID-19 ASSUMPTION OF RISK, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

ADULT PARTICIPANT/PARENT NAME _____ (Please Print)

CHILD PARTICIPANT(S) NAME(S) _____ (Please Print)

IN CONSIDERATION of the above named Participant and/or my children listed above being permitted to utilize the facilities, equipment, services and/or programs (collectively, "Facilities") of the Catholic Diocese of Charleston and/or a parish or school of said Diocese and their respective directors, officers, employees, volunteers and agents (collectively referred to as the "Diocese"), the above named Participant for him/herself and for the child participant(s) listed above (each a "Child Participant"), acknowledges and agrees to the terms of this agreement.

The undersigned acknowledges that novel coronavirus ("COVID-19") infections have been confirmed throughout the United States, including cases in South Carolina. In accordance with the most recent guidance and protocols issued by the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC) and the South Carolina Department of Health and Environmental Control (DHEC) for slowing the transmission of COVID-19, the undersigned hereby agrees, represents and warrants that neither the undersigned nor the Child Participant shall visit or utilize the Facilities of the Diocese within 14 days of: (i) experiencing symptoms of COVID-19, including but not limited to fever, cough or shortness of breath; (ii) having a suspected or diagnosed/confirmed case of COVID-19; or (iii) having been in close proximity to a person with a diagnosed/confirmed case of COVID-19.

The Diocese has taken certain steps to implement recommended guidance and protocols issued by the public health agencies for slowing the transmission of COVID-19, including, without limitation, the access/use restrictions set forth above. The undersigned acknowledges and agrees that, due to the nature of the Facilities offered by the Diocese, social distancing of 6 feet per person or certain other measures may not be possible at all times. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the Facilities of the Diocese and acknowledges that the use thereof by the undersigned and/or the Child Participant may, despite the Diocese's reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability and/or death.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO USE THE DIOCESE'S FACILITIES, THE UNDERSIGNED, ON HIS/HER BEHALF AND ON BEHALF OF THE CHILD PARTICIPANT, HEREBY RELEASES, WAIVES, DISCHARGES, HOLDS HARMLESS AND COVENANTS NOT TO SUE THE DIOCESE, its directors, officers, employees, volunteers and agents from all liability to the undersigned or the Child Participant and the personal representatives and heirs and assigns of the undersigned or the Child Participant for any loss or damage, and any claim or demands on account of any injury to, or an illness or the death of, the undersigned or the Child Participant (or any person who may contract COVID-19, directly or indirectly, from the undersigned or the Child Participant) whether caused by the negligence, active or passive, of the Diocese or otherwise while the undersigned or the Child Participant are using the Facilities.

THE UNDERSIGNED further expressly agrees that the foregoing ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, HOLD HARMLESS AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the laws of the State of South Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.

Signing on behalf of the undersigned and any Child Participant listed at the beginning of this Agreement

Signature

Date: _____

Print Name: _____

Address: _____

Phone: _____

Email: _____