

ST. ANNA'S CATHOLIC CHURCH
SCHOOL OF RELIGION OFFICE

July 2019

Dear Parents,

As your children begin a new school year, we are in full swing of preparing for the beginning of a new School of Religion year.

School of Religion classes will begin on Sunday, **September 8th**. All ages will meet at 10:25 in the Sanctuary, the class times enable all to enter into either mass 9:00 AM or 12:00 PM. Please find in this Registration Packet 2019-20 are the Registration Form, Medical Release (front and back), Virtus permission/opt-out Form, Media Release, and Permission to Contact Youth (for youth group & HS only) which are required by the Archdiocese. Please print and complete all forms with your signature(s). Completed forms can be mailed to or dropped off at the church office. Forms can be found in the Narthex and are also available online (www.st-annas.com). Completed forms can be emailed directly to vreeves@st-annas.com. Registrations will also be accepted after all the Masses the weekends of **August 17th & 24th** in the Narthex.

All registration forms are due for the School of Religion office by Thursday, August 29th. The books and materials fee for 2019-2020 are as follows and can be paid online through the Online Giving link: <https://www.myowngiving.com/Default.aspx?cid=993>

- \$35 for one child
- \$60 for two children
- \$75 for three or more children

The books and materials fee are due with the registration form. *No child will be denied an education in their faith. If there is financial difficulty and you are unable to pay this fee, please contact me.*

Please consider volunteering in the School of Religion at St. Anna's. We are in need of a few **catechists for grades Kindergarten and grades 1st-6th**. Ministry with children and youth is as important as it is rewarding – they are our **Mustard Seeds**. We need you to support our faith with our youth in addition, if you choose to teach we will waive the fees for your children to attend class.

Please REMEMBER Religious Education does NOT replace MASS.

Please feel free to contact me if you have any questions concerning the School of Religion.

Wishing you the peace of Christ,



Victoria Reeves
Director of Religious Education
770-267-7637
vreeves@st-annas.com

ST. ANNA'S CATHOLIC CHURCH
1401 Alcovy St., Monroe, GA 30655

2019-2020 SCHOOL OF RELIGION REGISTRATION FORM

INSTRUCTIONS: Complete all forms and return to St. Anna's office or send by mail to the address above
c/o Victoria Reeves, DRE

NOTE: If you have more than four children and need an extended form, contact vreeves@st-annas.com or call 770-267-7637.

- Book and Material fees (select one): 1 child \$35 2 children \$60 Family \$75
- Payment Method (select one): Pay online (preferred) Pay by check (payable to St. Anna's) Pay cash

FAMILY LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PHONE _____

FATHER'S INFORMATION

FIRST NAME _____ LAST NAME _____

CELL PHONE _____ EMAIL _____

MOTHER'S INFORMATION

FIRST NAME _____ MAIDEN NAME _____

CELL PHONE _____ EMAIL _____

EMERGENCY CONTACT NAME _____

CELL PHONE _____ EMAIL _____

FIRST COMMUNION STUDENTS NOT BAPTIZED AT ST. ANNA'S MUST SUBMIT
A COPY OF THEIR BAPTISMAL CERTIFICATE

STUDENT(S) REGISTERING

1. STUDENT NAME _____

GENDER _____ BIRTH DATE _____

GRADE _____ SCHOOL ATTENDS _____

BAPTISMAL DATE _____ PLACE OF BAPTISM _____

FIRST EUCHARIST DATE _____ PLACE OF FIRST EUCHARIST _____

FIRST RECONCILIATION DATE _____ PLACE OF FIRST RECONCILIATION _____

CONFIRMATION DATE _____ PLACE OF CONFIRMATION _____

SPECIAL NEEDS (medical, learning disabilities, physical disabilities, etc.) _____

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REGISTRATION FORM 2019-2020 – Page 2**

STUDENT(S) REGISTERING, *continued*

2. STUDENT NAME _____

GENDER _____ BIRTH DATE _____

GRADE _____ SCHOOL ATTENDS _____

BAPTISMAL DATE _____ PLACE OF BAPTISM _____

FIRST EUCHARIST DATE _____ PLACE OF FIRST EUCHARIST _____

FIRST RECONCILIATION DATE _____ PLACE OF FIRST RECONCILIATION _____

CONFIRMATION DATE _____ PLACE OF CONFIRMATION _____

SPECIAL NEEDS (*medical, learning disabilities, physical disabilities, etc.*) _____

3. STUDENT NAME _____

GENDER _____ BIRTH DATE _____

GRADE _____ SCHOOL ATTENDS _____

BAPTISMAL DATE _____ PLACE OF BAPTISM _____

FIRST EUCHARIST DATE _____ PLACE OF FIRST EUCHARIST _____

FIRST RECONCILIATION DATE _____ PLACE OF FIRST RECONCILIATION _____

CONFIRMATION DATE _____ PLACE OF CONFIRMATION _____

SPECIAL NEEDS (*medical, learning disabilities, physical disabilities, etc.*) _____

4. STUDENT NAME _____

GENDER _____ BIRTH DATE _____

GRADE _____ SCHOOL ATTENDS _____

BAPTISMAL DATE _____ PLACE OF BAPTISM _____

FIRST EUCHARIST DATE _____ PLACE OF FIRST EUCHARIST _____

FIRST RECONCILIATION DATE _____ PLACE OF FIRST RECONCILIATION _____

CONFIRMATION DATE _____ PLACE OF CONFIRMATION _____

SPECIAL NEEDS (*medical, learning disabilities, physical disabilities, etc.*) _____

Catholic Archdiocese of Atlanta
ST. ANNA'S CATHOLIC CHURCH

PARENTAL CONSENT AND EMERGENCY MEDICAL RELEASE FORM (1 of 2)

I/We, the parent(s)/guardian(s) of _____ do hereby give my/our permission and approval for my/our son/daughter/guardianship to participate in the St. Anna's Field Trips. I/ We do hereby, for myself, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who chaperone this event, other participants, St. Anna's Catholic Church, the Catholic Archdiocese of Atlanta, and any of the above named parties' representatives, successors, supervisors, sponsors, and/or organizers, for any injuries in connection with the outing / event(s) named above provided that said injuries are not the result of negligence. I/We hereby grant permission for publication of group (two or more persons) photos taken at youth events.

I/We also give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events named above. I/We understand that in any such instance, all attempts will be made to contact the parent/guardian. In the event that I/we cannot be contacted, I/we hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

I also agree that I am legally responsible for all/any personal actions taken by my child/guardianship during this event, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of the actions/behavior of my child/guardianship.

Furthermore, I/we agree that if the above named student's behavior is inappropriate, unsafe and/or detrimental to the group, I will be contacted immediately to secure means of removing my child/guardianship from the event premises. I understand that any financial costs incurred as a result of my child/guardianship being sent home are my responsibility.

Name of Student: _____ Date of Birth: _____

Address: _____
_____ Home Phone: _____

Please list any special considerations we need to be aware of (ie: allergies, medical conditions, limitations, etc.)

Medications: My child is taking the following medication(s):

Description: _____ Dosage: _____

Description; _____ Dosage: _____

**EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL
MEDICATIONS. PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM.**

_____ By parent or guardian initialing here, permission is granted for non-prescription medications to be given, if deemed appropriate by adult chaperone(s).

**Requested information on both sides of this form MUST be filled in completely in order
for the student to participate in this event.**

(SEE BACK)

PARENTAL CONSENT AND EMERGENCY MEDICAL RELEASE FORM – Page 2 of 2

Father/Guardian’s full name: _____

Home Phone: _____ Cell Phone: _____

Home address: _____

Place of business/address: _____

Mother/Guardian’s full name: _____

Home Phone: _____ Cell Phone: _____

Home address: _____

Place of business/address: _____

Relative or friend to contact if unable to reach parent/guardian in the event of emergency:

Name & Relationship: _____

Phone: _____

Insurance Carrier: _____

Insurance Policy Number: _____

Insurance is provided by which parent and/or place of employment? _____

Address and Phone of Company: _____ Phone: _____

****Please photocopy insurance card that is to be used and attach it to this form****

Printed Name: _____ Relationship: _____

Parent/Guardian signature: _____ Date: _____

Name of Parish: _____ Name of Youth Minister: _____

In signing this form, I certify that all information contained herein is true and accurate to the best of my knowledge.

Basic rules / expectations include, but are not limited to, the following: Respect for all adult leaders, peers, and all property; NO illegal drugs, alcohol, underage smoking, firearms, explosives, or other illegal substances; Males and females are to remain in separate sleeping spaces at all times; No inappropriate physical / sexual activity; Appropriate attire is to be worn at all times. Other guidelines may be set forth accordingly by adult chaperones present for the event(s).

By signing below, I have read and understand the Basic Rules and Expectations above and agree to abide by any/all policies and rules established for all of St. Anna’s events and activities. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and could be sent home at my parent’s expense.

Participant’s Signature: _____ Date: _____

**Archdiocese of Atlanta
Office of Child and Youth Protection
Parent Notification Form**



TO: Parents of students in Kindergarten, 3rd grade, 6th grade, high school
 FROM: St. Anna's Catholic Church, 1401 Alcovy St., Monroe, GA 30655
 SUBJECT: VIRTUS – Children Safe Environment Training / Opt-out Form
 DATE: July 2019

Mrs. Victoria Reeves will present a sexual abuse prevention program, VIRTUS – *Teaching Touching Safety* to our **Kindergarten and 3rd grade students on Sun, Sept, 22, 2019. The 6th grade, Sun, Sept, 29th. Grades 9 – 12th Sun, Oct, 27, 2019.** This program is provided to us by the Archdiocese of Atlanta and is a part of our ongoing effort to help create and maintain safe environments for all children and youth and to protect all of them from sexual abuse.

The scheduled lesson is being offered to all students at **10:40 AM**. As a parent, you have the right to choose whether your student participates in the program. We encourage you to read the “overview”, “parent guide”, and “lesson plan” assigned to your child’s age group to understand exactly what your child will be taught. All these materials are available at www.archatl.com/offices/ocyp/senvironment/parents.html. Username: SETraining, Password: virtus. Please complete the form at the bottom of this page and return it to the office by **Thursday , August 29, 2019**.

Check all boxes that apply, sign, print name, and return to parish office:

- I hereby grant my approval for my child, _____, to attend the training described in this notice.
(Child's Name)
- I decline to grant my approval for my child, _____, to attend the training described in this notice; but, I understand that as the primary educator of my child the church requests that I certify that I have provided such training to my child within the family by returning this form to my child’s teacher.
- I will allow the Archdiocese to conduct this training. As the primary educator of my child, I will also attend the presentation with my child when the presentation is being made.
- I request to review all materials prior to allowing my child to attend the training described in this notice. I will notify you in writing if my child will not be attending the training once I have reviewed the material. I will review the materials on-line using Username: SETraining, Password: virtus at www.archatl.com/offices/ocyp/senvironment/parents.html.

Parent’s Name (printed): _____

Parent’s Signature: _____ Date _____

Annual Media Release Form

Complete One Form per Child

Child's Name: _____

Date of Birth: _____

School Year
(where applicable): _____

Our parish and/or school, _____, uses images, interviews, and videos of our children for a variety of internal and external communications. Our forms of internal and external communications include but are not limited to: print, such as newspapers, bulletins, and newsletters; photographs and digital images; film and videos; web posts, web pages, and image carousels; social networking platforms including but not limited to Facebook, Twitter, and Instagram.

We follow the Archdiocese of Atlanta's [Social Media Policy and Guidelines for the Use of Social Networking Sites with Minors](#). Please see this resource for more information.

Please indicate below whether our parish and/or school has permission to circulate interviews, images, and/or videos of your child for all parish and/or school events for one year:

I hereby grant permission for the following parish and/or school, _____, to use images and interviews of my child, _____, for internal or external communications for **one year**. My child may be photographed and/or interviewed for *The Georgia Bulletin*, and other media outlets. I understand content may be reprinted in *The Georgia Bulletin* or other media for public dissemination, including but not limited to film; video; television; radio; newspapers such as *The Atlanta Journal and Constitution*; websites and online platforms; and social media networks including but not limited to Facebook, Twitter, and Instagram. I release and relieve the parish and/or school, and the Archdiocese of Atlanta, from any responsibility or liability for any claims arising from the publication or reproduction of any photographs or interview in any news or other media. I waive any and all right to inspect or approve the finished images, video, or printed matter that may be used in conjunction with any image or video, or to approve the eventual use for which it may be applied.

I understand that photographs, videos, and/or interviews are being done with the knowledge and approval of the parish and/or school, and that a signed release form is required for every participating individual.

NO, I do not want my child included in, nor my child's image used, in any internal or external communications. *This does not include Catholic School yearbooks or newspapers.*

Signature of Parent or Legal Guardian

Date

Print Name of Parent or Legal Guardian

Please contact your Parish Catechetical Leader or School Administration immediately to adjust your media release permissions.

FOR OFFICE USE ONLY: Supplant this release annually. Keep the most recent release until the child is 20.

THE ROMAN CATHOLIC
ARCHDIOCESE OF ATLANTA



Permission to Contact Youth

Complete One Form per Child

Child's Name: _____

Date of Birth: _____

Our parish and/or school, _____, follows the Archdiocese of Atlanta's [Social Media Policy and Guidelines for the Use of Social Networking Sites with Minors](#) for contacting youth via social media. We may also use text messages and email to contact youth. Per this policy and guidelines, parents must be made aware of how social media and electronic communications are being used. *Parents must be told how to access the sites, and be given the opportunity to be copied on all material sent to their children.*

After receiving written permission to communicate with young people, Archdiocesan employees should be encouraged to save copies of conversations whenever possible, especially those that concern the personal sharing of a teen or young adult. Please reference the policy and guidelines for more information.

Please indicate below whether our parish has permission to contact your child:

I hereby grant permission for the following parish and/or school, _____, to contact my child, _____, for internal or external communications for **one year** via social media, email, or text. I understand I can request the same communications provided to my child, and that it does not have to be via the same technology (for example, if children receive a reminder via Twitter, parents can receive it in a printed form or by an email list).

NO, I do not want my child contacted or communicated with in any way.

Signature of Parent or Legal Guardian

Date

Print Name of Parent or Legal Guardian

Please contact your Parish Catechetical Leader immediately to change these permissions.

FOR OFFICE USE ONLY: This form is to be kept for current year. Supplant annually until the child is 18.