



ST. LUKE THE EVANGELIST CATHOLIC CHURCH
 91 NORTH PARK STREET | DAHLONEGA, GA 30533

<i>OFFICE USE ONLY:</i>
Total Due: \$ _____
Cash: \$ _____
Chk #: _____
Chk Amt: \$ _____
Receipt #: _____
CC #: _____
CC \$: _____
Date: _____
I.D. #: _____
PK-10: \$ _____
Conf Rtrt: \$ _____

PARISH SCHOOL OF RELIGION REGISTRATION FORM

2020-2021 (PRE-K THROUGH 10TH GRADE / CONFIRMATION)

(Payment by cash, check, or online giving is expected at time of registration unless other arrangements have been made.)

FAMILY INFORMATION:

FAMILY (LAST) NAME:	Mailing Address:	City:	State: GA	ZIP:
Family Email Address:	Home Phone:	Child / children reside with (please circle one) Both parents Father Mother		
May we contact you with event reminders via text? Yes No	If yes, what number?	Primary Language Spoken at Home:		
Do you have internet access at your home? Yes No				

PARENT(S) or GUARDIAN(S)—INDIVIDUAL INFORMATION:

Relationship to Child(ren) (circle one) Father Step-father Other _____	Relationship to Child(ren) (circle one) Mother Step-mother Other _____
NAME (first & last)	NAME (first & last)
Cell Phone Number	Cell Phone Number:
Religion:	Religion:
Marital Status (circle one): Single Married Divorced Widowed	Marital Status (circle one): Single Married Divorced Widowed
If currently married, were you married in the Catholic Church? YES NO	If currently married, were you married in the Catholic Church? YES NO
If no, would you like to speak with a member of the clergy about marriage in the Church & returning to the sacraments? YES NO	If no, would you like to speak with a member of the clergy about marriage in the Church & returning to the sacraments? YES NO

EMERGENCY CONTACT INFORMATION:

Emergency contact name _____	Relationship _____
Phone # _____	

Complete a separate box for each child (4 children can be placed on this form)

STUDENT NAME (First & Last): _____	Goes by: _____	Male / Female _____	Date of Birth: _____
			School Grade this Year: _____
SACRAMENTS RECEIVED:			
Baptism received?	YES	NO	
First Penance received	YES	NO	
First Communion received?	YES	NO	
Confirmation received?	YES	NO	
Will be receiving a sacrament this year?	First Communion (2 nd grade)	YES	NO
		Confirmation (10 th grade)	YES
			NO
Allergies / Health Issues: _____			
Any Learning Accommodations: _____			

STUDENT NAME (First & Last): _____	Goes by: _____	Male / Female _____	Date of Birth: _____
			School Grade this Year: _____
SACRAMENTS RECEIVED:			
Baptism received?	YES	NO	
First Penance received	YES	NO	
First Communion received?	YES	NO	
Confirmation received?	YES	NO	
Will be receiving a sacrament this year?	First Communion (2 nd grade)	YES	NO
		Confirmation (10 th grade)	YES
			NO
Allergies / Health Issues: _____			
Any Learning Accommodations: _____			

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		Confirmation (10 th grade)	YES
			NO
Allergies / Health Issues: _____			
Any Learning Accommodations: _____			

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First Penance received	YES	NO	
First Communion received?	YES	NO	
Confirmation received?	YES	NO	
Will be receiving a sacrament this year?	First Communion (2 nd grade)	YES	NO
		Confirmation (10 th grade)	YES
			NO
Allergies / Health Issues: _____			
Any Learning Accommodations: _____			

ASSUMPTION OF THE RISK RELATING TO COVID-19

(Fill out one form per child enrolled)

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person to person through respiratory droplets when an infected individual coughs, sneezes or speaks. As a result, government agencies at all levels and federal, state and local health agencies recommend social distancing and have placed limits on the congregation of groups of individuals.

St. Luke the Evangelist Catholic Church has put preventative measures in place to reduce the spread of COVID-19; however, the parish cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending activities on the campus of St. Luke the Evangelist Catholic Church could increase your risk and that of your children for contracting COVID-19.

While St. Luke the Evangelist Catholic Church will make all reasonable efforts to lower the risk of COVID-19 exposure and spread at the parish, the parish is unable to provide any guarantee that students or their families will not be exposed to or infected by COVID-19.

By enrolling your child(ren) in and attending parish faith formation, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you, your child(ren) and or other family members may be exposed to or infected by COVID-19. It is expected that students and other family members will follow the preventative measures and guidelines implemented by St. Luke the Evangelist Catholic Church including not coming to the parish premises if demonstrating any signs or symptoms of COVID-19.

Signature of Parent/Guardian

Signature of Parent/Guardian

Date

Printed Parent/Guardian Names

Names of Student Attending Parish Events

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



TO: Parents

FROM: St. Luke the Evangelist

CITY: Dahlonega

SUBJECT: VIRTUS – Children Safe Environment Training / Opt-Out Form

Date: August 22, 2020

St. Luke’s PSR will present a sexual abuse prevention program, VIRTUS -*Teaching Touching Safety*, to our students **before February 12, 2021 (actual date and time to be determined.)** 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 the St. Luke Parish Center. 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 <https://archatl.com/ministries-services/safe-environment/parent-information/> Username: SEtraining, Password: V1rtus. Please complete the form at the bottom of this page and return it with your PSR registration.

**** Note that children are to receive this training at least once within their grade cluster. Grade clusters are as follows: K-2nd / 3rd – 5th / 6th – 8th / 9th – 12th**

(Complete one block for each child. Check all boxes that apply)

<input type="checkbox"/> I hereby grant my approval for my child, _____, to attend the training described in this notice. <div style="text-align: center; color: green; font-size: small;">Child’s Name</div> <input type="checkbox"/> I decline to grant my approval for my child, _____, to attend the training <div style="text-align: center; color: green; font-size: small;">Child’s Name</div> <p>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.</p> <input type="checkbox"/> 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. <input type="checkbox"/> 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 Password: V1rtus at https://archatl.com/ministries-services/safe-environment/grades-k-12/safe-environment-lesson-plans/ <input type="checkbox"/> My child has already completed this training for his/her grade cluster.
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Parent’s Name (printed): _____

Parent’s Signature: _____ Date: _____

(PLEASE COMPLETE BACK SIDE OF THIS FORM FOR ADDITIONAL CHILDREN)

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
Child's Name

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 Password: V1rtus at <https://archatl.com/ministries-services/safe-environment/grades-k-12/safe-environment-lesson-plans/> .

My child has already completed this training for his/her grade cluster.

I hereby grant my approval for my child, _____, to attend the training described in this notice.
Child's Name

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REGISTRATION CHECKLIST

In order to be considered registered for Parish School of Religion / Sunday Morning Program, the following must be fully completed and turned in:

- Registration Form (*front and back*)
- Covid-19 Assumption of Risk Form (*one page per child*)
- VIRTUS – Safe Environment Training Form (*front and back*)
- Permission to Contact Youth (*one page per child*)
- Annual Medical Release (*one page per child – front and back*)
- Annual Media Release (*one page per child*)
- Baptismal Certificate copy (if child is to receive First Penance, First Communion, or Confirmation during this school year AND your child was NOT baptized here at St. Luke's.)
- Payment **
 - Aug. 22nd – Aug. 31st: Early Reg. Discount - \$50/student, \$150 max/family
 - Sept. 1st – Sept. 30th: Regular Reg. Fee - \$60 / student, \$180 max / family
 - *Add \$80 for each student receiving Confirmation during this school year for retreat fee**

** Tuition and Sacramental fees pay only for approximately 20% of the actual expense of running our programs. Consequently, your financial support through the Sunday Mass offerings is necessary and greatly appreciated.

Please know, however, that no one has *ever* been turned away from participating in our programs because of inability to pay. If you need to defer payment or pay in installments, we will certainly accommodate you.

Family Catechesis 2020-2021 Topic Calendar (as of 8/12/20)

	<u>Date</u>	<u>Topic / Notes</u>	<u>Type</u>
	Sat., Aug. 22, 2020	Paper registration packets become available at entrance of the church	
	Sun, Sept. 13, 2020	Parent Orientation Meeting @ 9:15 AM	Zoom
1	Sun., Sept. 20, 2020 – First Day of Class	Wk #1: <i>God & His Perfections</i> / Disc Guide 1A / Q#1-8	Pre-recorded
2	Sun., Sept. 27, 2020	Wk #2: Disc Guide 1A	Zoom: 9:30 – 10:00
3	Sun., Oct. 4, 2020	Wk #1: <i>The Incarnation & Our Lady</i> / Disc Guide 7A / Q#72,73,302)	Pre-recorded
4	Sun., Oct. 11, 2020	Wk #2: Disc Guide 7A	Zoom: 9:30 – 10:00
	Sun., Oct. 18, 2020	NO Class (Gold Rush)	
5	Sun., Oct. 25, 2020	Wk #1: <i>The Role & Marks of the Catholic Church</i> / Disc Guide 17A / Q#160-165,172)	Pre-recorded
6	Sun., Nov. 1, 2020	Wk #2: Disc Guide 17A	Zoom: 9:30 – 10:00
7	Sun., Nov. 8, 2020	Wk #1: <i>Sacraments & Sacramentals</i> / Disc Guide 19A / Q#190-192,198-200)	Pre-recorded
8	Sun., Nov. 15, 2020	Wk #2: Disc Guide 19A	In-person or Zoom
	Sun., Nov. 22, 2020	NO Class (Thanksgiving)	
	Sun., Nov. 29, 2020	NO Class (Thanksgiving)	
9	Sun., Dec. 6, 2020	<i>Advent / Christmas catechesis (St. Nicholas)</i>	TBD
10	Sun., Dec. 13, 2020	Wk #1: <i>Baptism & Confirmation</i> / Disc Guide 20A / Q#201,204	Pre-recorded
	Sun., Dec. 20, 2020 – No Class (Christmas)		
	Sun., Dec. 27, 2020 – No Class (Christmas)		
11	Sun., Jan. 3, 2021	Wk #2: Disc Guide 20A	In-person or Zoom
12	Sun., Jan. 10, 2021	Wk #1: <i>The Eucharist Made Present</i> / Disc Guide 22A / Q#236-237,239-240	Pre-recorded
13	Sun., Jan. 17, 2021	Wk #2: Disc Guide 22A	In-person or Zoom
14	Sun., Jan. 24, 2021	Wk #1: <i>The Moral Life of Christians</i> / Disc Guide 28A / Q#269-270, 272-273	Pre-recorded
15	Sun., Jan. 31, 2021	Wk #2: Disc Guide 22A	In-person or Zoom
16	Sun., Feb. 7, 2021	Wk #1: <i>Greatest Commandment</i> / Disc Guide 29A / Q#276-277	Pre-recorded
17	Sun., Feb. 14, 2021	<i>Lent / Triduum /Easter</i>	TBD
18	Sun., Feb. 21, 2021	Wk #2: Disc Guide 29A	In-person or Zoom
19	Sun., Feb. 28, 2021	Wk #1: <i>Our Duties Toward God & Neighbor</i> / Disc Guide 30A / Q#281-282	Pre-recorded
20	March 7, 2021	Wk #2: Disc Guide 30A	In-person or Zoom
21	March 14, 2021	Wk #1: <i>What Prayer Is</i> / Disc Guide 27A / Q#262-265	Pre-recorded
22	March 21, 2021	Wk #2: Disc Guide 27A	In-person or Zoom
23	March 28, 2021 (Palm Sunday)	Wk #1: <i>Kindness in Thought & Truthfulness</i> / Disc Guide 31A / Q#286,290	Pre-recorded
	Sun., April 4, 2021	NO Class (Easter)	
24	Sun., April 11, 2021	Wk #2: Disc Guide 31A	In-person or Zoom
	Sun., April 18, 2021	NO Class (Bear on the Square)	
25	Sun., April 25, 2021	Wk #1: <i>The Holy Spirit & His Work in the Church</i> / Disc Guide 12A / Q#114-118	Pre-recorded
26	Sun., May 2, 2021	<i>May Crowning</i> / Wk #2: Disc Guide 12A	In-person or Zoom or pre-recorded
	June 14 – June 18, 2021	Vacation Bible School 2021	

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, email, and parish/school-approved online/virtual platforms 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, text, and/or parish/school-approved online/virtual platforms. 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/School Administration 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.



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.

Catholic Archdiocese of Atlanta
Parish name: _____

Annual Medical Release

Name of Student: _____ Date of Birth: _____

Address: _____

_____ Home phone #: _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical attention. I wish to be advised prior to any further treatment by the doctor and hospital. If you are unable to reach me, contact:

Emergency contact _____ Phone # _____

Relation to participant _____

If you are unable to reach parent/guardian or the emergency contact person, I hereby grant permission for the doctor and hospital to exercise professional judgment in treating participant.

Medical / Hospital Insurance Carrier _____

Name of Policy Holder _____ Relation to participant _____

Policy Number _____ Group Number _____

Signature of Parent / Guardian _____ Date _____

Father/Guardian's full name: _____

Phone #: _____ **Cell #** _____

Home address: _____

Place of business/address: _____

_____ **Phone #:** _____

Mother/Guardian's full name: _____

Phone #: _____ **Cell #** _____

Home address: _____

Place of business/address: _____

_____ **Phone #:** _____

(Both sides need to be complete and signed)

Name of Participant _____

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.)

I hereby grant permission for non-prescription medications to be given, if deemed appropriate.

Drug allergies _____

Other allergies / reactions (food, plants, insects, etc.) _____

List any other health problems / limitations that we need to be aware of _____

Signature of Parent / Guardian _____ Date _____

(This Medical Release is good for the period of one year; beginning _____ and ending _____.)