

GUARDIAN ANGELS CHURCH FAITH FORMATION REGISTRATION 2020-2021

Check box to add this email to the listserve

Parent's Name (First and Last)		Cell Phone:		Home Phone:		Email Address:	
Parent's Name (First and Last)		Cell Phone:		Home Phone:		Email Address:	

Mailing Address: _____ If copies of mailings need to be sent to another address, provide information here:

Street: _____ City/State/Zip: _____

STUDENT INFORMATION	CHILD 1	CHILD 2	CHILD 3	CHILD 4
FIRST NAME				
LAST NAME (if different from above)				
GENDER				
BIRTHDATE				
GRADE IN 2020-2021				
SCHOOL DISTRICT (for calendaring purposes)				
SPECIAL REQUEST (allergy, physical disability, learning disability, behavior concern, or other accommodations)				
PROGRAM INFORMATION (For each child you are registering, please check the applicable program / time below.)				
Sunday (Grades 1-6) 10:45 am				
Wednesday (Grades 1-6) 6:30 pm				
Grades 1-6 preference: Distance Learning or Hybrid				
Wednesday (JOLT Grades 7-8) 6:15 pm				

NEW this year, additional release paperwork is required by the Archdiocese of St. Paul and Minneapolis.

COST OF PROGRAM** \$95 per student: _____ (\$225 family max)

PROGRAM INFORMATION (For each child you are registering, please check the applicable program / time below.)

Sunday (Grades 1-6) 10:45 am

Wednesday (Grades 1-6) 6:30 pm

Grades 1-6 preference:
Distance Learning or Hybrid

Wednesday (JOLT Grades 7-8) 6:15 pm

****These fees cover only about 25% of the cost of faith formation for our children. Weekly collections help "bridge the gap" between the full cost and the fees paid for Faith Formation.**

NEW! We want Gospel Weeklies for grades: (please circle)

PreSchool	K-1	2-3	4-6
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TOTAL DUE: \$ _____

(OVER) →

2020-2021 FAITH FORMATION STEWARDSHIP OF TIME & TALENT OPPORTUNITIES

NAME OF VOLUNTEER (S) _____

PHONE (H) _____ (C) _____ EMAIL ADDRESS _____

ADULT _____ TEEN _____ if teen, indicate age _____

****Please Note**** As a part of the Safe Environment Program, all volunteers who have either regular or unsupervised interaction with minors must complete the Essential 3 requirements: Background Check, Attend a VIRTUS Protecting God's Children for Adults session, and Agree to a Code of Conduct.

PLEASE CHECK THE AREAS IN WHICH YOU ARE INTERESTED IN SHARING YOUR GIFTS WITH OUR PARISH COMMUNITY

FAITH FORMATION Grades 1 – 6

Contact: Sara Fleetham, 651-789-3179 sfleetham@guardian-angels.org

Select Session: Sunday 10:45-11:30 am Wed. 6:30-7:15 pm

Select Grade Preference/s: 1st 2nd 3rd 4th 5th 6th

Check all that apply.

- _____ In Person – Catechist/Leader:
- _____ Zoom/Virtual – Catechist/Leader
- _____ In Person Classroom Assistant
- _____ Zoom/Virtual Classroom Assistant
- _____ In Person Substitute Catechist
- _____ Zoom/Virtual Substitute Catechist
- _____ Hallway Helper during session
- _____ Arrival/Departure Helper (outside)

YOUTH FORMATION Grades 7-12

Contact: Paul Deziel 651-789-3173 pdeziel@guardian-angels.org

_____ Small Group Leader - 7th and 8th Grade (Zoom - Wednesdays)

_____ Zoom High School Small Group Leader (Zoom - once a month)

_____ PLAYY Committee (Planning and Leadership by Adults and Youth for Youth)

(OVER) 

**Novel Coronavirus Acknowledgement & Assumption of Risk
Guardian Angels Church**

I acknowledge and understand, the novel coronavirus, COVID-19 has been declared a worldwide pandemic by the World Health Organization. Further, that COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. I also acknowledge, that federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited or limited the congregation of groups of people.

I agree, represent and warrant that neither the undersigned, nor any registered participant child(ren) shall visit or utilize the facilities, programs, activities, or services of Guardian Angels Church within 14 days after (1) returning from outside the United States, (2) exposure to any person returning from outside the United States, or (3) exposure to any person who has a suspected or confirmed case of COVID-19.

I hereby agree, represent and warrant that neither the undersigned nor any registered participant child(ren) shall visit or utilize the facilities, programs, activities, or services of Guardian Angels Church if he or she (1) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (2) has suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify Guardian Angels Church immediately if any of the foregoing access or use restrictions may apply.

Guardian Angels Church has put in place preventative measures to reduce the spread of COVID-19. I agree to comply with measures that Guardian Angels Church may require to best protect against the introduction of viruses at Guardian Angels Church, including, but not limited to, hygiene practices and temperature screening, related to myself and/or my child(ren). Guardian Angels Church cannot guarantee that my child(ren) will not become infected with COVID-19. I understand and agree that attending Guardian Angels Church could increase my risk and my child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by participating in programs of or attending Guardian Angels Church and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Guardian Angels Church may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Guardian Angels Church employees, volunteers, and program participants and their families.

Parent/Guardian Signature

Date: _____

Parent/Guardian Name (printed) _____

Child(ren) Full Name(s)

Child(ren) Full Name(s)

Child(ren) Full Name(s)

Guardian Angels (Oakdale)
DISCLOSURE, AUTHORIZATION AND CONSENT FOR SOCIAL MEDIA OR OTHER ELECTRONIC COMMUNICATION
INVOLVING MINORS

I am the parent or legal guardian of _____ (full name of minor) ("My Child").

In order to ensure transparency and parental involvement, Guardian Angels (Oakdale) has created this consent form so that parents and guardians may provide authorization for Guardian Angels (Oakdale) leaders to electronically communicate with minors. Such communications must comply with applicable Guardian Angels (Oakdale) policies, including restrictions on private communications with minors.

I grant permission for staff or other leaders of Guardian Angels (Oakdale) to communicate with My Child electronically. I understand that such communications are for Guardian Angels (Oakdale) purposes only and may involve group communications relating to Guardian Angels (Oakdale) activities. Further, I understand and authorize that such electronic communications may be made via text, email, telephone and cell phone, social media, digital networking, and other electronic means.

I acknowledge that to review or receive public communications shared via social media with My Child, I will need to have an account with the same social media platforms or become a fan or follower of the same social media. I also understand that communications may be accessible or viewable by others who are also fans or followers of the same social media.

This Disclosure, Authorizations, and Consent form is valid for one year.

If I choose to rescind this authorization and consent, I agree that I will inform Guardian Angels (Oakdale) in writing and that this rescission will not take effect until it is received by Guardian Angels (Oakdale).

I have read the above Disclosure, Authorizations, and Consent, have had the opportunity to consider their terms, and understand them. I execute this document voluntarily and with knowledge of its significance.

Parent/Guardian Name (please print): _____

Email address: _____

Address: _____

Phone number: _____ Cell number: _____

Child Email address: _____

Child cell number: _____

Signature of Parent/Guardian: _____ Date: _____

To: Parish and School Administration, Youth Ministry Leaders, and Faith Formation Leaders

**AUTHORIZATION, CONSENT AND RELEASE FOR USE OF
VISUAL LIKENESSES AND ORIGINAL WORKS OF MINORS**

This form allows you, the parent or guardian, to identify if images of your child and their original works may be used for purposes of print, online, social media communication and promotion.

I am the parent or legal guardian of _____ (full name of minor) ("My Child").

I grant the following rights to Guardian Angels (Oakdale) and the Archdiocese of Saint Paul and Minneapolis:

- 1) The right to use all photographs, pictures, portraits, vocal sounds, appearances/likenesses, video and performances (hereinafter collectively known as "image") of My Child in the possession of Guardian Angels (Oakdale);
- 2) The right to use, reproduce, publish, exhibit, distribute, and transmit the image of My Child individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio, television, and other social and digital media), audio or video files, recordings, still photography, CD-Rom and any other manner of media now known or later developed;
- 3) The right to use, reproduce, publish, exhibit, distribute, and transmit the image of My Child individually or in conjunction with other images or printed matter on Guardian Angels (Oakdale) and the Archdiocese of Saint Paul and Minneapolis's Internet websites. **No home address or phone number will be published;**
- 4) The right to record, reproduce, amplify, edit, and simulate My Child's image and all sound effects produced;
- 5) The right to copyright, in the name of Guardian Angels (Oakdale) and the Archdiocese of Saint Paul and Minneapolis, works that contain the image of My Child;
- 6) The right to use and publish for general communications, advertising, commercial or publicity purposes, or for any other lawful purpose whatsoever My Child's original work; and
- 7) The right to assign the above-mentioned rights to third parties without notice to me.

I understand that the video files, still photos, or other media incorporating the image of My Child will become the property of Guardian Angels (Oakdale). I hereby waive the right to inspect or approve the image or any finished materials that incorporate the image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of My Child's image or My Child's original work.

I hereby release, discharge, and agree to indemnify and hold harmless Guardian Angels (Oakdale), the Archdiocese of Saint Paul and Minneapolis, and their agents, employees and assigns from any and all claims, demands, right, and causes of action of whatever kind that I or My Child have or may have or may arise by reason of this authorization and from the use of My Child's image and original work, including but not limited to, all claims for libel and invasion of privacy.

This consent regarding My Child's likeness and original work is valid until such time as I choose to rescind this authorization and consent. If I choose to rescind this authorization and consent, I agree that I will inform Guardian Angels (Oakdale) in writing and that my rescission will not take effect until it is received by Guardian Angels (Oakdale). I understand and acknowledge that it may not be possible to recall any work or photos that have been published prior to receipt of my written rescission.

I hereby authorize and consent that Guardian Angels (Oakdale) and the Archdiocese of Saint Paul and Minneapolis have the right to use My Child's name in connection with their educational, promotional, fund-raising activities, or for any other legitimate purpose.

Please initial: _____ Yes _____ No

I have read the above Disclosures, Authorizations, and Releases, have had the opportunity to consider their terms, and understand them. I execute this document voluntarily and with full knowledge of its significance.

Parent/Guardian Name (please print): _____

Address: _____

Phone number: _____

Signature of Parent/Guardian: _____ Date: _____