

### PARENT HANDBOOK

**PARENT HANDBOOK:** By signing this page, I acknowledge I have **read in its entirety**, the Religious Education Parent Handbook. I further acknowledge that I understand and agree to follow the policies set forth in this handbook, and that I understand what is expected of me as a parent/guardian.

**Initials:** \_\_\_\_\_

### LIMITED POWER OF ATTORNEY FOR EMERGENCY MEDICAL CARE AUTHORIZATION

I hereby give my permission for my child (ren) named below to be given emergency treatment to include first aid and/or CPR by a trained and qualified staff member or the local rescue unit. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable to safeguard my child's health in the event I cannot be contacted. I waive my right of informed consent to such treatment should an accident and/or illness require immediate medical attention. I acknowledge it is my responsibility to keep this medical emergency information and all other information concerning my child(ren) current throughout my child's enrollment in the Religious Education Program. I authorize the sharing of necessary information included in this document with staff that need to know how to provide a safe and healthy environment for my child (ren). The undersigned accepts all financial responsibility for any and all care/services rendered and indemnifies Saint Francis of Assisi Parish therefore. Further, the undersigned releases Saint Francis of Assisi Parish from any and all liability arising out of any act or omission hereunder.

**Initials:** \_\_\_\_\_

### NON DISCRIMINATION STATEMENT

The registration policy of Saint Francis of Assisi Parish Religious Education does not discriminate based on a child's race, color, religion, sex, national or ethnic origin.

**Initials:** \_\_\_\_\_

### PERMISSION TO PARTICIPATE IN PARISH ACTIVITIES

I hereby give permission for my child to use all the play equipment and participate in all the activities of the parish.

**Initials:** \_\_\_\_\_

### CONFIRMATION SIGNATURE

I acknowledge by signing below that I am the legal parent/guardian of the child (ren) named below and to the best of my knowledge the information in this Saint Francis Religious Education registration form is accurate and complete.

**Child (ren)'s Name (print please):**

**Parent/Guardian Name (print please):**

**Legal Signature:**

**Date:**



## SAFE ENVIRONMENT TRAINING FOR CHILDREN OPT-OUT FORM

The United States Conference of Catholic Bishops' *Charter for the Protection of Children and Youth* and the safe-environment policies of the Diocese of Arlington require that all children in our schools and religious education programs be given safe-environment training that is age-appropriate and in accord with Catholic moral principles. The Diocese of Arlington provides such training through the curriculum entitled ***Formation in Christian Chastity*** (for children in Grades 1-8) and through a video entitled ***You Matter*** (for children in Grades 9-12). Both of the safe-environment programs for children are available on the diocesan webpage at: <http://www.arlingtondiocese.org/childprotection/opcyp>

If you choose not to have your child participate in this training, you are required to complete this form, sign it and submit the original document to your child's teacher or to the established program representative at your parish or school to be kept on file for one year. Please complete one form per child.

Parish or School Name:

Child's Printed Name:

Child's Grade: Parent's

Printed Name:

By signing this official opt-out form, I **decline** to grant my approval for my child to attend the training described in this document. However, I understand that as the primary educator of my child, the Diocese of Arlington requests that I certify that I have provided such training to my child within the home by returning this form either to my child's teacher or the established program representative as an official opt-out. I also acknowledge that the appropriate safe-environment training materials have been offered to me.

Parent's Signature

Date

**WAIVER INFORMATION/RIGHT TO OBJECT**

The Office of Catholic Schools of the Diocese of Arlington (OCS) and any of its schools of Religion **may produce** or participate in videotape, audio recording, Internet (i.e., Website) or still photograph productions that may involve the use of students' names, likenesses, or voices. Such productions may be used for educational and/or school and/or parish marketing purposes and may be copied or copyrighted with the school retaining any and all rights to such productions. You have the right to object to the use of your child's name, picture, or voice in these productions and may do so by completing the form below and returning it to the principal of your school/ or Religious Education Office. If the form is not returned, we will assume that you waive your right to object.

**PLEASE PRINT**

**To: St. Francis of Assisi Religious Education Program**

Regarding \_\_\_\_\_ (Student)

Activity Permission Not Granted

- 1. Videotaping
- 2. Audio Recording
- 3. School Pictures
- 4. Internet
- 5. Television
- 6. School Promotional Literature - - - -
- 7. Newspaper Articles/Pictures
- 8. Other, please specify

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_