



## REGISTRATION 2020-2021

**\$20 PER CHILD**

**REGISTRATION DEADLINE: September 6, 2020**

Parish Registration is **REQUIRED** for participation in St. Peter's PREP. Parish registration forms may be obtained from a member of the welcome committee or in the parish office.

### FAMILY INFORMATION

☐ Father ☐ Stepfather ☐ Grandfather ☐ Guardian

Child(ren) reside with this person: ☐

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Religion: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Text Messages: ☐ Yes ☐ No

Email (required): \_\_\_\_\_

Fluent Languages: \_\_\_\_\_ Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed

☐ Mother ☐ Stepmother ☐ Grandmother ☐ Guardian

Child(ren) reside with this person: ☐

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Religion: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Text Messages: ☐ Yes ☐ No

Email (required): \_\_\_\_\_

Fluent Languages: \_\_\_\_\_ Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed

### EMERGENCY (NON-IMMEDIATE FAMILY) CONTACT INFORMATION

\*\* PLEASE PROVIDE CONTACT INFORMATION OF SOMEONE OTHER THAN PARENT/GUARDIAN LISTED ABOVE \*\*

Emergency Contact (Not Parent or Guardian) First/Last Name: \_\_\_\_\_

Emergency Contact (Not Parent or Guardian) Phone Number: \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_

### FOR OFFICE USE ONLY

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

Fee Paid: \_\_\_\_\_

Check/Receipt #: \_\_\_\_\_



## REGISTRATION 2020-2021

### AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I, who by law may do so, hereby authorize the administration of emergency medical treatment for the child(ren) listed on the attached registration form(s). I understand that I will be notified immediately, but if surgical or medical treatment is necessary, and I cannot be reached, I consent to the action(s) of the attending physician or dentist. I hereby release St. Peter's Catholic Church, and its agents, from liability for action pursuant to this release.

\_\_\_\_\_  
Initials

### PERMISSION TO TAKE PHOTOGRAPHS / VIDEO

Many of the activities at St. Peter's PREP are published in the weekly bulletin and featured on the parish website. Although much of the information shared is in text, photos and other graphics are an important component of our communication methods. We do not share personal information with any photographs. I hereby ☐ grant permission ☐ deny permission for the Religious Education staff of St. Peter's Catholic Church to take photographs of my child(ren) during Parish Religious Education Program (PREP) classes and/or activities.

\_\_\_\_\_  
Initials

### SAFE ENVIRONMENT TRAINING FOR CHILDREN

The Archdiocese of Atlanta requires VIRTUS safe environment training for the children who attend our PREP classes and other activities at the parish. We are *required* to offer this training every year for all children enrolled in St. Peter's PREP/EDGE/LifeTeen from K-12. Although we are required to offer the training, it is *optional* for the parents who would rather educate their own children about the possible dangers within their environment at home, at school, and at church.

I hereby ☐ grant permission ☐ deny permission for my child(ren) to participate in the VIRTUS Safe Environment Training sessions this year.

\_\_\_\_\_  
Initials

By signing below, I state that I am the individual that has filled out this registration form and initialed the spaces above giving, or withholding, my authorization for emergency medical treatment, photographs, and safe environment training for the child(ren) listed on the attached registration form(s).

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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



## REGISTRATION 2020-2021

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH CHILD

CHILD #1

CHILD #2

CHILD #3

Last Name:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

First Name:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gender:

☐ Male ☐ Female

☐ Male ☐ Female

☐ Male ☐ Female

School:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Grade:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Baptized:

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Church:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City/State:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reconciliation:

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Church:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City/State:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Eucharist:

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Church:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City/State:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Confirmation:

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Church:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City/State:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Needs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## REGISTRATION 2020-2021

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH CHILD

CHILD #4

CHILD #5

CHILD #6

Last Name:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

First Name:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gender:

☐ Male ☐ Female

☐ Male ☐ Female

☐ Male ☐ Female

School:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Grade:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Baptized:

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Church:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City/State:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reconciliation:

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Church:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City/State:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Eucharist:

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Church:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City/State:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Confirmation:

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Church:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City/State:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Needs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Assumption of the Risk Relating to COVID-19

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. Peter's 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 in person at St. Peter's could increase your risk and that of your children for contracting COVID-19. While St. Peter's will make all reasonable efforts to lower the risk of COVID-19 exposure and spread, 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 religious education classes at St. Peter's, 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 school family members will follow the preventative measures and guidelines implemented by St. Peter's including not coming to the church premises if demonstrating any signs or symptoms of COVID-19.

**Parent/Guardian Printed Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

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

### Availability of Internet Access:

If you **do NOT have internet access** for virtual lessons and need the lesson plans mailed to you to complete independently, write your preferred address below.

\_\_\_\_\_  
\_\_\_\_\_

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, St. Peter's Catholic Church, 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, St. Peter's Catholic Church, 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.***

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, St. Peter's Catholic Church, 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, St. Peter's Catholic Church, 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.***

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, St. Peter's Catholic Church, 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, St. Peter's Catholic Church, 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.***