

Date/Amt PIF _____

COG _____

Check # _____

Photo _____

Late Fee _____

Item/s Missing _____

**REGISTRATION FOR RELIGIOUS EDUCATION CLASSES
ST. MARY'S PARISH
FAIRHAVEN, MASSACHUSETTS**

Family Name: _____

Street Address: _____

PO Box/Apt #: _____ Town: _____

Phone: _____

Are you a St. Mary's Parishioner? Yes No

Father

Name: _____

Contact Phone: _____ Email address: _____

Religion: _____ Marital Status: _____

Mother

Name: _____ Maiden Name: _____

Contact Phone: _____ Email Address: _____

Religion: _____ Marital Status: _____

EMERGENCY CONTACT: In the event of an emergency, if we are unable to reach you, whom should we contact?

Name: _____ Relationship to child: _____

Address: _____

Phone: _____

Comments: _____

STUDENT #1

Grade: _____

Name: _____ Birthdate: _____

Sex: _____

Sacraments Received	Date	Place Sacrament was Performed
Baptism		
Reconciliation		
First Communion		
Confirmation		

Health Problems or Allergies: _____

STUDENT #2

Grade: _____

Name: _____ Birthdate: _____

Sex: _____

Sacraments Received	Date	Place Sacrament was Performed
Baptism		
Reconciliation		
First Communion		
Confirmation		

Health Problems or Allergies: _____

STUDENT #3

Grade: _____

Name: _____ Birthdate: _____

Sex: _____

Sacraments Received	Date	Place Sacrament was Performed
Baptism		
Reconciliation		
First Communion		
Confirmation		

Health Problems or Allergies: _____

PLEASE COMPLETE: (we must include the names of both birth parents on our records)

Child(ren) live with (select one):

both parents mother father guardian other (please specify): _____

If child does not live with both parents, please list address of parent who does **not** have custody of child

Child	Parent's Name	Street Address	City, State and Zip

This is your opportunity to give your time and talents in participating in the spiritual lives of the children in our Religious Education Program. Please fill out the following:

____ **YES**, I can be an aide for grade _____.

____ **YES**, I can help with the Grade 2 retreat

____ **YES**, I will cook for special occasions

____ **YES**, I am willing to take part in the Religion/Book Fair

____ **YES**, I will spend some time in class with my child

PLEASE CONTINUE TO NEXT PAGE

ST. MARY'S PARISH – FAIRHAVEN, MA

AUTHORIZATION FOR PHOTO/MEDIA PUBLICATION
RELEASE CLAIM

I grant to the parish of **ST. MARY'S PARISH**, the right to take
photographs of my child _____ and his/her
property in connection with the parish and organizational activities for the
year _____. I authorize St. Mary's Parish and/or the Diocese of Fall
River, its assigns and transferees to copyright, use and publish the same in
print and/or electronically.

I agree that St. Mary's Parish, and/or the Diocese of Fall River may use such
photographs of my child with or without his/her **FIRST** name and for any
lawful purpose, including but not limited to such purposes as publicity and
illustration.

I have read and understanding the above photo release statement ____ **NO**
____ **YES**

(Print Name of Parent/Guardian)

Date

(Signature of Parent/Guardian)

ACKNOWLEDGMENT

By signing below, I acknowledge that I have read and understand the guidelines set forth and agree to abide by them. I also acknowledge that certain remote learning or other sessions may be recorded for security purposes and agree that the parish may do so.

PARISH: _____

STUDENT NAME (please print): _____

GRADE LEVEL: _____

PARENT OR LEGAL GUARDIAN (please print name): _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____

DATED: _____



Code of Conduct for Children and Young People

I understand that I am created by God and live in the love of the Father, Son, and Holy Spirit.

I understand that God does not want or cause bad things to happen.

I understand that God is with me even when I am hurting or sad.

I understand the *Circle of Grace* that God gives me and others.

I understand that I can help stamp out "bullying" by not being a silent bystander.

I understand that speaking out and taking positive actions when bullying occurs, makes a difference.

Because of this understanding when I interact with someone, either in person or when using technology such as texting and social networking, I will strive to:

- Have my actions be safe and show respect toward myself and others.
- Have my words and actions represent the truth.
- Identify and maintain appropriate and healthy boundaries and relationships.
- Talk with my parents/trusted adult if I have concerns (bullying) or if there is a question that any boundary was violated.

Student _____

Teacher

Shirley DRE

Parent _____

Date _____



DIOCESE OF FALL RIVER
CHANCERY OFFICE
OFFICE OF SAFE ENVIRONMENT

***Circle of Grace* Opt-Out Form**

Date: _____

Child's Full Name: _____

Parish/School: _____

City: _____ Grade/Class: _____

The *Circle of Grace* curriculum has been offered to my child. My child will NOT participate in the program in class. _____ **(please initial)**

I would like the appropriate *Circle of Grace* materials to teach to my child. _____ **(please indicate yes or no)**

Printed Name of Parent/Guardian: _____

Signature: _____

DRE/Administrator Section Only

I verify the following (please check the most accurate box):

- Parent/guardian received the appropriate *Circle of Grace* materials
- Parent/guardian declined the *Circle of Grace* materials
- Parent/guardian wanted to opt-out but refused to sign the form

Printed Name of
DRE/Coordinator/Principal: _____

Signature: _____



DIOCESE OF FALL RIVER

ADDITIONAL GUIDELINES FOR FAITH FORMATION

As we are all used to hearing by now, these are unusual times. As such, the delivery of faith formation programs for this year will look different than other years. These guidelines have been developed to help families of the Diocese of Fall River understand the scenarios under which faith formation might operate, depending on the individual parish response to COVID-19 public health guidelines. Flexibility will be key as conditions may change. We know this has been a stressful time for all families, and we pray that our gatherings as a faith community will bring comfort as we seek to make disciples.

All faith formation interactions, whether in-person or virtual must adhere to the Diocesan Code of Conduct.

In-Person Gatherings:

- Any in-person gatherings must be in compliance with State of Massachusetts Reopening Requirements.
- If your parish is offering in-person programming, please work with your children on following public health guidelines such as mask wearing and distancing requirements.

Virtual Ministry:

Virtual ministry presents unique challenges. These guidelines are not meant to be exhaustive but to cover some important points regarding participation in this type of programming.

- Parishes may use a variety of platforms to deliver remote content. Your parish will provide the specific information regarding the mode of instruction being utilized.
- Live sessions offered via platforms such as Zoom will adhere to all Safe Environment guidelines and parents/guardians will be notified of the schedule for any live sessions.
- Links to live sessions should not be shared, except by catechists/leaders to their enrolled students.
- Parents are asked to assist with ensuring their faith formation students participating in live sessions are doing so in an appropriate setting with minimal distractions from the household.
- Faith formation students should dress for virtual participation in the same way they would for in-person gatherings.
- Live sessions may be recorded by catechists/leaders both for security purposes, and for later viewing by those unable to attend live sessions. Access to recordings will be managed by the faith formation staff and not publicly posted.
- Screenshots of sessions may not be taken.
- Especially for younger children, it is important that a parent or caregiver be nearby during live sessions to assist and monitor if needed.