

St. Catherine of Siena Christian Formation Office

2503 Centerville Road - Wilmington, DE 19808 Phone: 302-633-4903 Web: www.scswilmde.org

May 1, 2023

Dear Parents,

Thank you for your interest in the Religious Education Program at St. Catherine of Siena. We are excited to start the new Religious Education year 2023-2024. We thank you for partnering with us in the faith formation of your children.

Attached you'll find the Religious Education Registration forms for this coming year. **Registration is on a FIRST COME FIRST SERVE basis.** Remember that the sooner you register, the better your chances are of securing a spot in our program.

REGISTRATION PROCEDURES & REMINDERS

- **Registration Form:** Complete & sign one (1) Registration Form per family (white form).
Complete & sign one (1) Annual Consent form **per child** (yellow form).
Complete & sign one (1) Technology Form per family (blue form).
- **E-Mail Address:** E-mail will be the primary channel of communication throughout the year.
We will be utilizing the communication tool, **Flocknote**.
- **Registration Fee** is as follows:
 - \$100 for one child
 - \$135 for two children
 - \$170 for 3 or more children

Note: A \$50.00 deposit is required with all registrations.

To pay your registration in full or make the required \$50.00 deposit, please make your check or money order payable to **St Catherine of Siena**. If you would like to pay by credit card or PayPal, please visit www.scswilmde.org/donate, and make sure to indicate in the memo line payment is for Religious Education. To pay by cash, please visit us in the Christian Formation Office during office hours.

• **Christian Formation Office:** Our Christian Formation Office is closed during the month of **July** and will reopen on **August 1st**. We ask that you please return your completed and signed registration forms with payment in full or the minimum required \$50.00 deposit by mail to:

**Christian Formation Office
2503 Centerville Road
Wilmington, DE 19808**

Registrations will be accepted now through **August 15, 2023**. If you need assistance with the completion of your forms, if you need to make payment arrangements or if you have any questions, please email me at religious-education@scswilmde.org.

As parents, you play a critical role in the development and growth of the Catholic faith in your children. We feel privileged to join with you as you and your children journey towards discipleship. If you can volunteer your time, please indicate that on your form. We encourage your participation and we welcome your help!

On behalf of the staff of the Christian Formation Office, we wish you a safe and happy summer. We look forward to working with you and your family in the coming school year!

Yours in Christ,

Yolanda Torres-Ward
Coordinator, Religious Education

ST. CATHERINE OF SIENA

Christian Formation Office

2503 Centerville Road
Wilmington, DE 19808

formation-office@scswilmde.org

Phone: (302) 633-4903 English
Phone: (302) 633-4919 Spanish
Fax: (302) 633-4960

RELIGIOUS EDUCATION FEE:

A \$50.00 deposit is required with registration.

| | |
|--------------------|-------|
| 1 Student | \$100 |
| 2 Students | \$135 |
| 3 Students or more | \$170 |

2023-2024 Religious Education

Registration Form

Class Time: Sundays 9 am – 10:25 am

Payment Options:

By Check: Please make checks payable to St. Catherine of Siena.

Online: www.scswilmde.org/donate

Check here if this is the FIRST time your family has registered for Religious Education at St. Catherine of Siena

Family Last Name _____

Check here family name is different from your child's last name.

Family ID#

Registered Member of St. Catherine of Siena YES or NO

Father's Name Mr. Dr. _____
First Middle Last

Mother's Name Mrs. Ms. Miss Dr. _____
First Middle Last

Communication from the CF Office should be sent to: Both Parents Mother only Father only Other _____

Address _____
 (In order for our records to be accurate for our mailing list, we need house/apartment #, street, city, state, and ZIP CODE)

Please text or email me important updates Mother Yes No / Father Yes No

Please indicate whether we may communicate with you in English Yes No

Mother's Cell Phone and Carrier _____

Father's Cell Phone and Carrier _____

E-MAIL ADDRESS checked regularly _____ Mother's Father's

Mother's Religion _____ Father's Religion _____

Marital Status of Parents Married Single Separated/Divorced Widowed Living Together, Not Married

Child lives with: Both Parents Mother Only Father Only Joint Custody Other _____

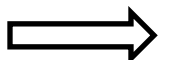
Stepparent (if applicable) _____

My Child/Children attended St. Catherine of Siena's Religious Education Classes last year: YES or NO

| Please Print Clearly: Child's BAPTISMAL First Name, Last Name (if different from parent) | Age | Date of Birth | Grade in Sept. 2023 | School in Sept. 2023 | *Sacraments Needed | For Office Use Only |
|--|-----|---------------------|---------------------------|-------------------------|-----------------------|------------------------|
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*Please attach child's Baptismal Certificate if your child needs to prepare for his/her First Communion.

PLEASE COMPLETE THE REVERSE SIDE OF THIS PAGE



FORM A: ANNUAL CONSENT AND RELEASE



DIOCESE OF WILMINGTON PARISH/INSTITUTION ANNUAL PARENTAL CONSENT AND RELEASE FORM

PARISH/SCHOOL _____

Personal Information

| | | | |
|--------------------|------------------------------|-----|--|
| Full Name of Child | | | |
| Address | | | |
| City | State | Zip | |
| Home Phone | Date of Birth ____/____/____ | Age | |
| Family E-Mail | | | |
| Participant Email | Participant Cell Phone | | |

Providing participant email and cell phone grants permission for electronic communication from group leader to this young person in regards to all group activities, in accord with diocesan guidelines.

Medical Information

| | |
|--------------------|--|
| Family Doctor | Phone |
| Family Dentist | Phone |
| Insurance Provider | Policy# Acct./ID# |

- * Yes No Has the young person ever been seen by a heart specialist for a heart condition?
- * Yes No Has the young person had a broken bone in the past six (6) months?
- * Yes No Has the young person had surgery in the past six (6) months?
- * Yes No Is the young person currently taking prescribed medication(s) that could inhibit strenuous physical activity?
- * Yes No Is the young person allergic to bee stings?*
- * Yes No Does the young person have asthma?*
- * Yes No Are there any serious medical conditions of which the Youth Minister, Director/Coordinator of Religious Education, Principal/School Nurse should be aware?*

**If you answered 'yes' to any of the above, it is the responsibility of the parent/guardian to check with parish/school representatives to ensure those items identified with an * above will not endanger the young person.*

***CYM requires that participants be able to self-administer the epi-pen and/or inhaler without assistance.*

| | |
|--|--|
| Current Prescription Medications | |
| Please list all allergies related to medicine, food, latex, etc. | |

*If your child has a life-threatening allergy, you **must** discuss said allergy with the group leader.*

If necessary, the group leader is permitted to administer the following medications (or generic equivalent) to my child:

- Advil Tylenol Motrin Aleve Halls (cough drops) Imodium Calamine Lotion
 Claritin/Zyrtec Benadryl Robitussin (cough syrup) Triple Antibiotic Ointment Other _____

Parent/Guardian Information (Mother)

| | | | |
|--------------------------------|------------|--|--|
| Full Name of Mother/Stepmother | | | |
| Home Phone | Cell Phone | | |
| Place of Employment | | | |
| Work Phone | | | |

Parent/Guardian Information (Father)

| | | | |
|--------------------------------|------------|--|--|
| Full Name of Father/Stepfather | | | |
| Home Phone | Cell Phone | | |
| Place of Employment | | | |
| Work Phone | | | |

| | | | |
|--------|---------|-------|----------|
| School | Teacher | Grade | Homeroom |
|--------|---------|-------|----------|

In Case of Emergency

The following procedures are in place if your child becomes sick or injured, or needs to be sent home for disciplinary reasons. Calls will be made to the following numbers, in the following order.

1. Home
2. Cell phones of Mother/Father/Guardian
3. Place of Employment for Mother/Father/Guardian
4. Ambulance for transportation of child to medical facility (in case of injury). In case of a major injury that requires immediate medical attention, an ambulance may be called first.

Staff will continue to call the parents or guardians until one is reached. Please note: information on this form will be shared with emergency medical staff.

Personal Electronic Technology Devices (PTD)

All extraneous personally owned technology devices (PTD), including, but not limited to, cellular phones, BlackBerrys, pagers, beepers, gaming devices, headsets, and other communication devices are for use only during an actual lock down or emergency. Other devices, including, but not limited to, tablet PCs, mobile presenters, wireless tablets, digital audio and video recorders, Palms, Sidekicks, iPods, Kindles, iPads, MP3 players, texting calculators, camera video phones, digital cameras or laptops are to be used only when permission has been granted by an institutional or organizational employee with the authority to grant such permission. Devices capable of capturing, transmitting, or storing images or recordings may never be accessed, turned on or operated in restrooms, dressing rooms, or other areas where there is a reasonable expectation of privacy. To protect the safety and well-being of students, staff and other community member's personal property and to avoid disruptions to the learning environment; group leaders, teachers, or school personnel reserve the right to confiscate or collect any PTD. A designated group leader or official as part of any investigation of policy violation or other suspected inappropriate, immoral and/or illegal use may review the content of any PTD device. If an illegal act is discovered, local law enforcement officials will be contacted. The Catholic Diocese of Wilmington and its parishes and organizations are not responsible for any harm to PTDs, including by not limited to the loss, theft, damage, or destruction of PTDs or any contents therein.

Permission and Hold Harmless

I hereby give my consent for the above named individual to participate in the above named parish/school youth activity(ies) during the current program year. **I authorize** responsible personnel to obtain proper medical treatments should it become necessary. Excluding intentional, deliberately-inflicted and illegally caused injuries, **I further agree**, in consideration of the above named parish's sponsorship of beneficial youth programs, to release the above named parish, the Catholic Diocese of Wilmington, and all of their employees, directors, administrators, youth ministers and volunteers from all legal liability for accidental injuries suffered by my child as a result of participation in all activities, or travel to and from any officially sanctioned event.

If I cannot be reached and the parish/school authorities have followed the procedures described, **I agree to assume all expenses** for transporting and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures which may be carried out based on the medical judgment of attending physician.

I understand that the Diocese of Wilmington and its staff are committed to providing fun, safe, educational experiences and that diocesan events are conducted in smoke-, alcohol-, and drug-free environments. In light of this, and to help ensure the safety of all concerned, I understand that if my child is in possession of drugs, alcohol, or tobacco products, engages in illegal, immoral, or offensive behaviors, or refuses to follow the directions given by event staff or volunteers while participating in this activity, I will be contacted immediately to pick up my child.

I understand that promotional pictures (individual and group) may be taken during officially sanctioned events. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the event. I understand, however, that the above named parish/institution has no control over the use of photograph or film taken by media or private vendors that may be covering events.

I affirm that the information above is true and correct and may be shared with school personnel on a "need to know" basis.

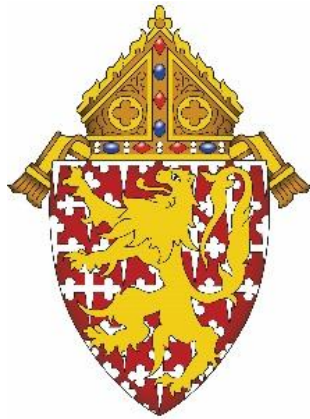
Signature of Parent/Guardian: _____

Relationship to Participant: _____ **Date:** _____

DIOCESE OF WILMINGTON
OFFICE FOR RELIGIOUS EDUCATION

ACCEPTABLE USE OF TECHNOLOGY
PARISH RELIGIOUS EDUCATION PROGRAM

STUDENT EDITION



October 2020



ACCEPTABLE USE OF TECHNOLOGY STUDENT EDITION
DIOCESE OF WILMINGTON - OFFICE FOR RELIGIOUS EDUCATION

These policies address the appropriate use of technology while participating in parish religious education sessions either in-person or virtually.

- ❖ Students are expected to act responsibly and thoughtfully while using technology for any parish religious education session.
- ❖ The use of parish-owned technology, including parish internet connection, is limited to educational purposes.
- ❖ Connection to the wireless internet by the student is prohibited unless otherwise directed or instructed.
- ❖ The use of a personal technology device on campus (laptop, phone, iPad) is prohibited unless under the directive of the adult catechist leading the session. Off campus personal devices may be utilized to log into a virtual session. Catechists and parish personnel reserve the right to confiscate, collect, and inspect any personal device in use during a religious education class on campus or on parish property.
- ❖ Students may never use devices capable of capturing, transmitting, or storing images or recordings to record others without permission of the supervising adult and the person being recorded. Recording devices may never be accessed, turned on, or operated in restrooms, or any other area where there is an expectation of privacy on campus.
- ❖ Students may not initiate electronic communication with a catechist or any adult leader of ministry, both volunteer and professional.
- ❖ During virtual class sessions students are expected to:
 - Log-in on time and remain the entire session.
 - Log in with their given name, no nicknames.
 - Cooperate with the meeting host and follow the rules for that meeting.
 - Avoid using the chat feature unless directed.
 - Mute microphone as directed.
 - Remain attentive and not distract others in any way.
 - Behave and dress in a way that is appropriate for a church setting, including their use of language.
 - Log-in to the session from a safe and neutral setting in the home.
- ❖ Students may not share log-in information or meeting code and password for virtual sessions with anyone, including another student. All such information should be obtained from a parent/guardian.

Parent/Guardian and Student(s) signatures required on page 3. Please return to your catechist or the Religious Education Office of your parish as directed by the D/CRE.



ACCEPTABLE USE OF TECHNOLOGY STUDENT EDITION
DIOCESE OF WILMINGTON - OFFICE FOR RELIGIOUS EDUCATION

Signature Page

Only one student agreement per family is required.

I have read and understand the policies stated in the Student Acceptable Use of Technology Agreement. I further understand that by violating them, I forfeit my privilege to use a personal technology device or of attending a virtual session.

| Signature of Student(s) | Date | Grade Level |
|-------------------------|------|-------------|
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| Please Print Name(s) |
|----------------------|
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As parent/guardian for the above-named student, I have read and discussed the policies stated in the Student Acceptable Use of Technology Agreement with my child and I understand the consequences he/she faces if the policies are violated.

I give permission for my child to participate in virtual two-way conference sessions for religious education purposes. I understand that log-in information will be sent via electronic means and I will oversee my child’s participation. I further understand that I will be notified if a session is being recorded. A catechist may record a session to share with students unable to be part of the live session. Recorded sessions will never be shared publicly.

I agree to waive any claim against the Catholic Diocese of Wilmington, its organizations and institutions (“CDOW”), and release CDOW from any liability for any violation of the terms of the agreement and further agree to indemnify and hold harmless CDOW from any third party claims which may result from violating the terms of the agreement, including but not limited to all attorney fees and court costs which may arise from said violation.

| Signature of Parent/Guardian | Date |
|------------------------------|------|
| | |

| Please Print Name | Date |
|-------------------|------|
| | |