

ST. ANNA'S CATHOLIC CHURCH
SCHOOL OF RELIGION OFFICE

July 2022

Dear Parents,

As your children begin a new school year, we are in full swing of preparing for the beginning of a new School of Religion year.

School of Religion classes will begin on Sunday, **September 11th**. All ages will meet at 10:30-11:45 AM, the class times enables all to enter into either mass 9:00 AM or 12:00 PM. Please find in this Registration Packet 2022-2023, Registration Form, Medical Release (front and back), Virtus permission/ opt out form and Media release, Permission to contact youth (for youth group & HS only) which are required by the Archdiocese. Please print and complete all forms with signatures, they can be mailed in or drop off at the church office. Forms can be found in the Narthex also, available on St. Anna's website (www.st-annas.com) if you want e-mailed directly to: vreeves@st-annas.com **All registration forms are due for the School of Religion office by Thursday, Sept. 8th.** The books and materials fee for 2022-2023 are as following and can be paid on line with below link: <https://www.myowngiving.com/Default.aspx?cid=993>

\$45.00 for one children in the School of Religion

\$85.00 for two children in the School of Religion

\$100.00 for three or more children in the School of Religion

The books and materials fee are due with the registration form. *No child will be denied an education in their faith. If there is financial difficulty and you are unable to pay this fee, please contact me.*

Please consider volunteering in the School of Religion at St. Anna's. We are in need of a few catechists. Ministry with children and youth are so important, as well as rewarding, they are our **Mustard Seeds**. We need you to support our faith with our youth in addition, if you choose to teach we will waive the fees for your children to attend class.

Please REMEMBER Religious Education does NOT replace MASS.

Please feel free to contact me if you have any questions concerning the School of Religion.

(770-267-7637 or vreeves@st-annas.com).

Wishing you the peace of Christ,



Victoria Reeves

Director of Religious Education

770-267-7637

vreeves@st-annas.com

ARCHDIOCESE OF ATLANTA

— St. Anna's Catholic Church —

PARENTAL CONSENT AND EMERGENCY MEDICAL RELEASE FORM

I/We, the parent(s)/guardian(s) of _____ do hereby give my/our permission and approval for my/our son/daughter/guardianship to participate in the St. Anna's off/on Site Events, Mission Trips, Field Trips, etc. I/ We do hereby, for myself, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who chaperone this event, other participants, St. Anna's Catholic Church, the Catholic Archdiocese of Atlanta, and any of the above named parties' representatives, successors, supervisors, sponsors, and/or organizers, for any injuries in connection with the outing / event(s) named above provided that said injuries are not the result of negligence. I/We hereby grant permission for publication of group (two or more persons) photos taken at youth events.

I/We also give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events named above. I/We understand that in any such instance, all attempts will be made to contact the parent/guardian. In the event that I/we cannot be contacted, I/we hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

I also agree that I am legally responsible for all/any personal actions taken by my child/guardianship during this event, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of the actions/behavior of my child/guardianship.

Furthermore, I/we agree that if the above named student's behavior is inappropriate, unsafe and/or detrimental to the group, I will be contacted immediately to secure means of removing my child/guardianship from the event premises. I understand that any financial costs incurred as a result of my child/guardianship being sent home are my responsibility.

Name of Student: _____ Date of Birth: _____

Address: _____

_____ Home Phone: _____

Please list any special considerations we need to be aware of (ie: allergies, medical conditions, limitations, etc.)

Medications: My child is taking the following medication(s):

Description: _____ Dosage: _____

Description; _____ Dosage: _____

EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS. PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM.

_____ By parent or guardian initialing here, permission is granted for non-prescription medications to be given, if deemed appropriate by adult chaperone(s).

Requested information on both sides of this form MUST be filled in completely in order for the student to participate in this event.

PARENTAL CONSENT AND EMERGENCY MEDICAL RELEASE FORM – Page 2 of 2

Father/Guardian's full name: _____

Home Phone: _____ Cell Phone: _____

Home address: _____

Place of business/address: _____

Mother/Guardian's full name: _____

Home Phone: _____ Cell Phone: _____

Home address: _____

Place of business/address: _____

Relative or friend to contact if unable to reach parent/guardian in the event of emergency:

Name & Relationship: _____

Phone: _____

Insurance Carrier: _____

Insurance Policy Number: _____

Insurance is provided by which parent and/or place of employment? _____

Address and Phone of Company: _____ Phone: _____

****Please photocopy insurance card that is to be used and attach it to this form****

Printed Name: _____ Relationship: _____

Parent/Guardian signature: _____ Date: _____

Name of Parish: _____ Name of Youth Minister: _____

In signing this form, I certify that all information contained herein is true and accurate to the best of my knowledge.

Basic rules / expectations include, but are not limited to, the following: Respect for all adult leaders, peers, and all property; NO illegal drugs, alcohol, underage smoking, firearms, explosives, or other illegal substances; Males and females are to remain in separate sleeping spaces at all times; No inappropriate physical / sexual activity; Appropriate attire is to be worn at all times. Other guidelines may be set forth accordingly by adult chaperones present for the event(s).

By signing below, I have read and understand the Basic Rules and Expectations above and agree to abide by any/all policies and rules established for all of St. Anna's events and activities. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and could be sent home at my parent's expense.

Participant's Signature: _____ Date: _____

**Archdiocese of Atlanta
Office of Child and Youth Protection
Parent Notification Form**



TO: Parents of students in Kindergarten, 3rd grade, 6th grade, high school
FROM: St. Anna's Catholic Church, 1401 Alcovy St., Monroe, GA 30655
SUBJECT: VIRTUS – Children Safe Environment Training / Opt-out Form
DATE: August 2022

Mrs. Victoria Reeves will present a sexual abuse prevention program, *VIRTUS - Teaching Touching Safety*, to our **Kindergarten and 3rd Grade**. This program is provided to us by the Archdiocese of Atlanta and is a part of our ongoing effort to help create and maintain safe environments for all children and youth and to protect all of them from sexual abuse.

The scheduled lesson is being offered to all students. As a parent, you have the right to choose whether your student participates in the program. We encourage you to read the “overview”, “parent guide”, and “lesson plan” assigned to your child’s age group to understand exactly what your child will be taught. All these materials are available at www.archatl.com/offices/ocyp/senvironment/parents.html. Username: SETraining, Password: virtus. Please complete the form at the bottom of this page and return it to the office by **September 30, 2022**.

Check all boxes that apply, sign, print name, and return to parish office:

- I hereby grant my approval for my child, _____, to attend the training described in this notice.
(Child's Name)
- I decline to grant my approval for my child, _____, to attend the training described in this notice; but, I understand that as the primary educator of my child the church requests that I certify that I have provided such training to my child within the family by returning this form to my child’s teacher.
- I will allow the Archdiocese to conduct this training. As the primary educator of my child, I will also attend the presentation with my child when the presentation is being made.
- I request to review all materials prior to allowing my child to attend the training described in this notice. I will notify you in writing if my child will not be attending the training once I have reviewed the material. I will review the materials on-line using Username: SETraining, Password: virtus at www.archatl.com/offices/ocyp/senvironment/parents.html.

Parent’s Name (printed): _____

Parent’s Signature: _____ Date _____

ARCHDIOCESE OF ATLANTA

— St. Anna's Catholic Church —

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. Anna's has put preventative measures in place to reduce the spread of COVID-19; however, the School of Religion cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending activities on the campus of St. Anna's could increase your risk and that of your children for contracting COVID-19.

While St. Anna's will make all reasonable efforts to lower the risk of COVID-19 exposure and spread at School of Religion, the church 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 physically attending School of Religion, 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. Anna's School of Religion including not coming to the school premises if demonstrating any signs or symptoms of COVID-19.

Signature of Parent/Guardian Signature of Parent/Guardian Date

Printed Parent/Guardian Names

Names of Students Attending Parish Events



Annual Media Release Form

Complete One Form per Child

Child's Name:

Date of Birth:

School Year

(where applicable):

Our parish and/or school, _____, uses images, interviews, and videos of our children for a variety of internal and external communications. Our forms of internal and external communications include but are not limited to: print, such as newspapers, bulletins, and newsletters; photographs and digital images; film and videos; web posts, web pages, and image carousels; social networking platforms including but not limited to Facebook, Twitter, and Instagram.

We follow the Archdiocese of Atlanta's [Social Media Policy and Guidelines for the Use of Social Networking Sites with Minors](#). Please see this resource for more information.

Please indicate below whether our parish and/or school has permission to circulate interviews, images, and/or videos of your child for all parish and/or school events for one year:

I hereby grant permission for the following parish and/or school, _____, to use images and interviews of my child, _____, for internal or external communications for **one year**. My child may be photographed and/or interviewed for *The Georgia Bulletin*, and other media outlets. I understand content may be reprinted in *The Georgia Bulletin* or other media for public dissemination, including but not limited to film; video; television; radio; newspapers such as *The Atlanta Journal and Constitution*; websites and online platforms; and social media networks including but not limited to Facebook, Twitter, and Instagram. I release and relieve the parish and/or school, and the Archdiocese of Atlanta, from any responsibility or liability for any claims arising from the publication or reproduction of any photographs or interview in any news or other media. I waive any and all right to inspect or approve the finished images, video, or printed matter that may be used in conjunction with any image or video, or to approve the eventual use for which it may be applied.

I understand that photographs, videos, and/or interviews are being done with the knowledge and approval of the parish and/or school, and that a signed release form is required for every participating individual.

NO, I do not want my child included in, nor my child's image used, in any internal or external communications. *This does not include Catholic School yearbooks or newspapers.*

Signature of Parent or Legal Guardian

Date

Print Name of Parent or Legal Guardian

Please contact your Parish Catechetical Leader or School Administration immediately to adjust your media release permissions.

FOR OFFICE USE ONLY: Supplant this release annually. Keep the most recent release until the child is 20.

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, _____, 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 and email 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, _____, to contact my child, _____, for internal or external communications for **one year** via social media, email, or text. 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 immediately to change these permissions.

FOR OFFICE USE ONLY: This form is to be kept for current year. Supplant annually until the child is 18.