

**Star of the Sea Catholic Church**  
**2019-2020 Elementary School Religious Education**  
**Grades K-5, The Sowers**  
**Monday 6:15 – 7:30pm**



Student Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: M / F Grade (2019-2020): \_\_\_\_\_ School Attending: \_\_\_\_\_

Father's name: \_\_\_\_\_ Religion: \_\_\_\_\_

Father's email: \_\_\_\_\_ Father's cell phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's email: \_\_\_\_\_ Mother's cell phone: \_\_\_\_\_

Communication Preference (email/phone/text) Mother: \_\_\_ Father: \_\_\_ Both: \_\_\_

Do both parents reside in the home: yes or no If no, child resides with \_\_\_\_\_

My child has special needs: yes or no If yes, how can we be of assistance?  
\_\_\_\_\_

Parental involvement in faith formation is essential, both by example and participation. We need parents (and older teens) to volunteer. Thank you for being generous with your time.

_____ Catechist	_____ general help – hall/ door monitor, etc
_____ Catechist aide	_____ Helper
_____ First Reconciliation/ Eucharist Team	_____ snacks

Are you VIRTUS trained: yes or no

*If you are 18 or older, you must participate in VIRTUS training and background check*



Please be advised that Flocknote will be used for email and text communication. Parent(s) noted above will be added to Flocknote.

Which Mass do you usually attend: \_\_\_\_\_ 5pm \_\_\_\_\_ 8am \_\_\_\_\_ 10am \_\_\_\_\_ 12pm

Are you a registered parishioner? Yes \_\_\_\_\_ No \_\_\_\_\_ (Registration Forms are available on the parish website)

Religious Education Fee - \$50 per family

**Star of the Sea Catholic Church**  
**Elementary School Release Form**

Parish: Star of the Sea Church Phone: 757-428-8547  
Address: 1404 Pacific Ave, Virginia Beach, VA 23451  
Type of Event: see information for each event to be given out separately  
Destination: see information for each event to be given out separately  
Individual in Charge: Coordinator of Christian Formation/ Adult Volunteer Catechists  
Transportation: see information for each event to be given out separately  
Dates of Trip: see information for each event to be given out separately

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Parent(s)/Guardian's Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Emergency Contact Name (other than parents)** \_\_\_\_\_

**Contact Number** \_\_\_\_\_ **Relationship to Child** \_\_\_\_\_

**Does your child have allergies? Yes or No**

**Details:**

**Is your child taking any medications? Yes or No**

**Details:**

**Is there any other physical or emotional condition of which we need to be aware: Yes or No**

**Please explain:**

*As parent/guardian I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Catholic Diocese of Richmond, Star of the Sea Church, their employees and agents, chaperons, or representatives associated with the event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese and/or Star of the Sea, their employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese and/or Star of the Sea Church*

*I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the case of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers I give permission for the noted emergency contact to be notified. I will not hold the Diocese of Richmond and/or Star of the Sea Church responsible for authorizing any medical treatment beyond necessary transportation to the hospital.*

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

*I give permission for pictures and/or video of my child (named above) engaged in activities related to Star of the Sea Church to have their pictures posted in publications or websites. Names of participants will not be used without expressed permission from the parent or guardian. If neither box is checked below, Star of the Sea assumes you give permission*

\_\_\_\_ Yes \_\_\_\_ No

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