

Star of the Sea Religious Ed Registration

Please complete all sections, digitally sign and confirm online payment.
Sacrament registration are separate forms. Please see the parish website.

* Required

1. I would like to participate in Religious Ed: *

Mark only one oval.

- in person
 at home

Student #1 Information

If registering only for adult religious ed, please complete this section

2. Student #1 *

Mark only one oval.

- Grades 1-5 The Sowers
 Grades 6-8 Edge
 Grades 9-12 Life Teen
 Adult Religious Education only

3. Student #1 Name *

4. Student #1 Date of Birth: *

Example: *January 7, 2019*

5. Student #1 Age *

Mark only one oval.

- 5
 6
 7
 8
 9
 10
 11
 12
 13
 14
 15
 16
 17
 18
 other

6. Student #1 Gender *

Mark only one oval.

- Female
 Male
 Prefer not to say
 Other: _____

7. Student #1 School Attending *

8. Student #1 Grade *

Mark only one oval.

- 1st
- 2nd
- 3rd
- 4th
- 5th
- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th
- other

9. Life Teen only - student email address

10. Life Teen only - student cell phone number

Student #2 Information

Please hit "next" to continue without completing this section.

11. Student #2

Mark only one oval.

- Grades 1-5 The Sowers
- Grades 6-8 Edge
- Grades 9-12 Life Teen
- Adult only

12. Student # 2 Name

13. Student #2 Date of Birth:

Example: *January 7, 2019*

14. Student #2 Age

Mark only one oval.

- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17

- 18
- other

15. Student #2 Gender
Mark only one oval.

- Female
- Male
- Prefer not to say
- Other: _____

16. Student #2 School Attending

17. Student #2 Grade
Mark only one oval.

- 1st
- 2nd
- 3rd
- 4th
- 5th
- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th
- other

18. Life Teen only - student email address

19. Life Teen only - student cell phone number

Student #3 Information

Please hit "next" to continue without completing this section.

20. Student #3
Mark only one oval.

- Grades 1-5 The Sowers
- Grades 6-8 Edge
- Grades 9-12 Life Teen
- Adult only

21. Student #3 Name

22. Student #3 Date of Birth:

Example: January 7, 2019

23. Student #3 Age
Mark only one oval.

- 5
- 6

- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- other

24. Student #3 Gender
Mark only one oval.

- Female
- Male
- Prefer not to say
- Other: _____

25. Student #3 School Attending

26. Student #3 Grade

Mark only one oval.

- 1st
- 2nd
- 3rd
- 4th
- 5th
- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th
- other

27. Life Teen only - student email address

28. Life Teen only - student cell phone number

Adult / Parent Information

29. Father's Name

30. Father's email address

31. Father's cell phone number

32. Father's Religion

33. Mother's Name

34. Mother's email address

35. Mother's cell phone number

36. Mother's Religion

Communication

Please be advised that Flocknote will be used for email and text communication to parents/guardians as well as Life Teen students.

37. Communication Preference *

Mark only one oval.

email

phone

text

other

38. Communication to: *

Mark only one oval.

Mother

Father

Both

Not applicable

39. Do both parents reside in the home? *

Mark only one oval.

Yes

No

Not applicable

Other: _____

40. If no, student resides with:

41. Do any of the students have special needs? *

Mark only one oval.

Yes

No

42. If yes, how can we be of assistance

Parental Involvement

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 you time.

43. I am willing to be:

Check all that apply.

Catechist

Catechist aide

First Reconciliation/Eucharist team

Door safety person

snacks

general help (hall/door monitor, chaperone, etc)

Other: _____

Adult Religious Education:

44. Please indicate which class you are interested in

Check all that apply.

Tuesday morning 9:30 - 11:00 Women's Faith Sharing

Tuesday evening 7:00 - 8:30 Adult Faith Sharing (follows 6:15pm Mass)

Wednesday evening 7:00 - 8:30 Men's Faith Formation (2nd Wed of each month)

Young Adult group

Other: _____

Star of the Sea Church 757-428-8547
1404 Pacific Ave, Virginia Beach, VA 23451

Release Forms

Event information

Type of Event:

Destination:

Individual in Charge:

Transportation:

Dates of Trips:

See information for each event to be given out separately

45. Student's Name(s): *

46. Parent/Guardian' Name (Adult registrant, type N/A) *

47. Address: *

48. Phone number: *

49. Emergency Contact (other than parent/self) *

50. Emergency contact number (other than parent/self) *

51. Emergency contact relationship to student *

52. Does your child/children/self have allergies? *

Mark only one oval.

Yes No

Other

53. If yes or other, please list allergens

54. Is your child taking any medications? please list details (adults do not need to answer, type N/A) *

55. Is there any other physical or emotional condition of which we need to be aware? please explain: *

Liability Release:

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.

56. Response to above release: *

Check all that apply.

- agree
- disagree

Photo Release:

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.

57. Response to above release: *

Check all that apply.

- yes
- No

COVID-19 Release

- Your temperature is under 100.4 degrees.
- In the past two (2) weeks, you HAVE NOT presented symptoms of COVID-19, such as a fever, chills, sore throat, cough, shortness of breath, muscle pain, loss of taste or smell, nausea, vomiting, or diarrhea, with no alternative diagnosis.
- In the past two (2) weeks, you HAVE NOT traveled internationally.
- In the past two (2) weeks, you HAVE NOT been exposed - less than six (6) feet for greater than 15 minutes - to anyone who has tested positive for or exhibits symptoms of COVID-19 (with no alternative diagnosis), without wearing the appropriate Personal Protective Equipment (PPE) as defined by the Centers for Disease Control and Prevention.

58. I agree that each week I will assess my family's health. All questions must be answered "no" for us to attend Religious Education classes. *

Mark only one oval.

- agree
- disagree
- At home study participant

59. Signature. *

Please mail payment and registration form to:
Star of the Sea Church
1404 Pacific Avenue
Virginia Beach, VA 23451

Fees: Adult only \$15
 One Child \$50
 Family \$75