

Saint Peter
CATHOLIC CHURCH

359 W. New York Ave. DeLand, FL 32720
386-822-6000 Fax: 386-822-6034 www.stpeterdeland.org

IMPORTANT INFORMATION, PLEASE READ CAREFULLY!

August 28, 2016
Dear Parent(s),

Christ's peace be with you all and welcome to another year of religious formation provided by St. Peter's Parish for you and for your children! We are very excited for the upcoming year and the changes we have made to our program that will better help your child(ren) understand the faith on their "level".

What the parish does in a formal religious education program serves, hopefully, to supplement and support that basic religious and Christian formation that goes on daily in the home, the "domestic church". Please continue to see to it that your child experiences prayer in your home, celebrates Mass on Sundays and Holy days, engages in simple acts of service to others, and always observes your own good example. **"Parents are the principal and first educators of their children"** - **Catechism of the Catholic Church** (article 7 - 1653).

We will require an attendance of at least 75% in order to complete the current grade level. This includes their attendance in Children's Liturgy of the Word at either the 9:00 or the 11:00 mass. This should give plenty of days in case of illness or emergency. R.O.C.K will be held on the following days:

Mondays starting October 10 – Pre-K thru 5th grade in the Don Bosco Activity Center from 6:00-7:30 p.m.

Make every effort to get your child/children to the session on time each week. **Sessions will begin at 6:00 p.m. on Monday nights.** Tardiness is disruptive, and with only a short amount of time each week, we like to keep disruptions to a minimum. **Sessions will end promptly at 7:30 p.m. and children are to be picked up no later than 7:45 in the Don Bosco Activity Center.** If you know in advance that your child will be unable to attend a session, a call to the religious education office would be appreciated. If a disciplinary problem arises during class time, the catechist will handle the problem in the classroom. If the disruptive behavior continues, the catechist or I will contact you to alert you to the situation. It is expected that, together, we will develop a strategy to eliminate the disruptive behavior.

Should you have any questions before the start of classes, please call me at 386-822-6025 or email at bmarcus@stpeterdeland.org.

Sincerely yours in Christ,
Beth Marcus
Director of Religious Education

RE IGI US EDUCA ION

Registration for 2016-2017
St. Peter Parish

Date of Registration _____
 Paid _____ Cash _____ Check # _____

Children must attend at least 75% of classes and C.L.O.W. to receive credit for the year!

Please Print

Parent(s) Name(s) _____

Mother's Maiden Name _____ Registered Parishioner? Yes _____ No _____

***Email address (This will be the primary source of communication with our office)**

Address _____

Home Phone _____ Emergency Phone _____

Please list children participating (Youngest to oldest)

Your child is only eligible for a Sacrament if they were in a program last year!

Child's Name (Last name if different from above)	Birth Date	Grade	Gender	School
	Baptized: Y or N	Reconciliation: Y or N	Eucharist: Y or N	Confirmation: Y or N
	Baptized: Y or N	Reconciliation: Y or N	Eucharist: Y or N	Confirmation: Y or N
	Baptized: Y or N	Reconciliation: Y or N	Eucharist: Y or N	Confirmation: Y or N
	Baptized: Y or N	Reconciliation: Y or N	Eucharist: Y or N	Confirmation: Y or N

Religious Formation Class Schedule

Grades PreK-5th Monday evenings at the Don Bosco Activity Center from 6:00 to 7:30 pm.

Religious Formation Tuition and Supply Fee:

\$40.00 one child
 \$60.00 two children
 \$70.00 three or more

Diocese of Orlando Parental/Guardian Medical Information & Consent Form

Participant's Name: _____ Date of Birth: _____
Address _____ City/State/Zip _____
Home Phone: _____
Father's Name: _____ Phone: _____
Mother's Name: _____ Phone: _____
Emergency Contact Name: _____ Phone: _____
Language Spoken by Emergency Contact: _____

Medical Matters

I hereby warrant to the best of my knowledge, all the information provided is true and correct and I assume all responsibility for the health of my child. I understand it is my responsibility to update the Medical Information & Consent Form if there are any changes to my child's health. (Please initial) _____

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital/clinic for emergency medical or surgical treatment. (Please initial) _____

Family Doctor _____ Phone _____

Medications

I hereby **Grant Permission** for my child to be given the following provided medications. All medications must be well labeled. [NOTE: Any/all prescription medications must be in original pharmacy container with young person's name on the prescription label. Non-prescription/over-the-counter medications must be in original container with young person's name on the container.] I release and hold harmless (entity name) _____, the Diocese of Orlando and any other religious, employees, volunteers, agents and representatives from any injury or harm resulting from administering the medication. (Please initial) _____

Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency, are as follows:

Medication: _____ Dosage: _____ Administer: _____
Medication: _____ Dosage: _____ Administer: _____
Medication: _____ Dosage: _____ Administer: _____

Medical Conditions Information: (Reasonable steps will be taken to keep this information confidential, but it will be shared with Diocesan personnel and others, as warranted.)

My son/daughter:

- Is allergic to the following medications _____
- Has had an episode of the following or has been diagnosed with: Seizures Asthma Diabetic
- Has had allergic reactions to the following (foods, dyes, latex, etc.) _____
- Has had a medical surgery within the last six months? Yes No Still under doctor's care? Yes No
- Has a medically prescribed diet (please explain) _____
- Has the following physical limitations _____
- Immunizations current and up to date? Yes No Date of last tetanus/diphtheria immunization _____
- You should also be aware of these special medical conditions of my child: _____

Insurance Information

No, I do not carry medical insurance at this time.

I do carry medical insurance at this time.

Insurance Carrier: _____ Name of Insured: _____

Insurance Policy Number: _____

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.

I fully understand the foregoing statements and sign this Medical Information & Consent Form knowingly, freely, and willingly.

Parent/Guardian Signature (must sign for any participant under 18 &/or 18 or older & in high school)

Date _____

4/2013

Diocese of Orlando

PARENTAL/GUARDIAN CONSENT FORM, LIABILITY WAIVER & MEDICAL CONSENT

please PRINT legibly

Youth Participant's Name: _____	Date of Birth: _____
Address _____	City/State/Zip _____
Home Phone: _____	Male Female (←please circle→) T-Shirt Size: S M L XL XXL XXXL
Parent/Guardian's Name: _____	Cell Phone: _____ Work Phone: _____
Other number where Parent/Guardian can be reached <u>during</u> event: _____	
Emergency Contact Name: _____	Phone: _____

PHOTOGRAPHY AND IMAGE ASSIGNMENT, WAIVER, AND RELEASE

I, _____, for valuable consideration received, and for being allowed access to Diocesan property, activities, or events, expressly assign to [insert name of Parish/School/Diocesan Entity] and the Diocese of Orlando, and to all of their current, former, and future agents and related entities (collectively, "the Diocese"), all rights, title and interest in, and to, the use of my and my child/ward's image or likeness, including, but not limited to all videotape recordings, photographs, or audio recordings of, or made by, me and/or my child/ward on Diocesan property, during a Diocesan-sponsored event, or for any other Diocesan purpose ("the Property"). The Diocese shall have, without my consent, the right to assign its rights in the Property, in whole or in part, to any entity, parish, or school within the Diocese of Orlando.

I hereby irrevocably grant the Diocese perpetually and exclusively, the right to use and incorporate (alone or together with other materials), in whole or in part, the Property, in any Diocesan publication, news release, or for any other purpose. Further, I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or distribution of the Property without limitation for any purpose whatsoever, and I further waive all rights to any compensation for my and/or my child/ward's appearance or participation in the Property. I understand and have been advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Office of Youth and Young Adult Ministry and/or the Diocese. Participants' names would not be identified, however, without specific written consent. I further understand that the Diocese has no control over the use of photographs or film taken by media that may be covering the event in which my child(ren) participate(s).

I hereby waive any claims against and release the Diocese, its current, former, and future religious, employees, volunteers, agents, and successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I and/or my child/ward may have against the Diocese in connection with the Property or the use of the Property.

This release shall not obligate the Diocese to use the Property or to use any of the rights granted hereunder, or to exhibit, distribute, or exploit the Property. I acknowledge that the Diocese cannot control all photographic access to its properties, and that my child/ward's name may be printed with photos/images in various publications, including non-Diocesan publications.

I represent that I am eighteen years of age or older, and that I have read and understand the terms of this Assignment, Waiver, and Release.

Signature of Parent/Guardian

Date

Witness: _____

2016-2017 ST. PETER R.O.C.K.

GRADES Pre-K through 5

Please refer to this list throughout the year.

Please note that there are sessions where parents are required to stay.

Please drop your child off at the Don Bosco Activity Center
at 5:50 p.m. and pick them up promptly at 7:30 p.m.

OCT. 10	ROCK Session
OCT. 17	ROCK Session
OCT. 24	ROCK Session Family Night! Parents must stay
OCT. 31	<u>No ROCK Session- Halloween</u>
NOV. 7	ROCK Session <i>PreK/K Mandatory Life Plus- Parents Must Stay</i>
NOV. 14	ROCK Session
NOV. 21	ROCK Session
NOV. 28	ROCK Session
DEC. 5	ROCK Session <i>1st/2nd Grade Mandatory Life Plus- Parents Must Stay</i>
DEC. 12	ROCK Session
DEC. 19	ROCK Session Family Night! Parents must stay
DEC. 26	<u>No ROCK – Christmas Break</u>
JAN. 2	<u>No ROCK – Christmas Break</u>
JAN. 9	ROCK Session <i>3rd/4th Grade Mandatory Life Plus- Parents Must Stay</i>
JAN. 16	<u>No ROCK- Martin Luther King, Jr. Day</u>
JAN. 23	ROCK Session
JAN. 30	ROCK Session
FEB. 6	ROCK Session <i>5th Grade Mandatory Life Plus- Parents Must Stay</i>
FEB. 13	ROCK Session Family Night! Parents must stay
FEB. 20	<u>No ROCK- President's Day</u>
FEB. 27	ROCK Session
MARCH 6	ROCK Session
MARCH 13	<u>No ROCK – Spring Break</u>
MARCH 20	ROCK Session
MARCH 27	ROCK Session
APRIL 3	ROCK Session
APRIL 10	ROCK Session
APRIL 17	ROCK Session Family Night! Parents must stay
APRIL 24	ROCK Session
MAY 1	FINAL ROCK Session

R.O.C.K. Important Information 2016-2017

- 1. ROCK runs from 6:00-7:30 in the Don Bosco Activity Center.**
- 2. Please make sure your child is there no later than 6:00 pm and must be picked up at 7:30 in the Activity Center. They will be grouped according to grade and you will go to your child's group to pick them up.**
- 3. Children's Liturgy of the Word is also a part of the ROCK program. It will run during both the 9am and 11am Masses (you choose which mass you will attend as family). We will take attendance during both ROCK and C.L.O.W. to ensure a 75% participation or better for both.**
- 4. We will be holding our Mandatory Life Plus sessions during ROCK this year. Parents are required to attend the meeting with their child(ren). The schedule is as follows: Pre-K & Kindergarten Nov. 7, Grades 1&2 Dec. 5, Grades 3&4 Jan. 9, Grade 5 Feb. 6. All LifePlus classes are listed on the ROCK Schedule.**
- 5. All changes for the ROCK program are to try to get the most out of the time we have with the children and families. We encourage families to strengthen these lessons with daily scripture reading and prayer.**