

Appendix B

Please include the following General Disclaimer in all your registration forms for religious education and youth ministry:

St John the Evangelist-Hondo is dedicated to preventing the transmission of COVID-19. We are following CDC guidelines for sanitation, social distancing and face coverings. Even with these precautions, infections are still possible and may result in serious illness or even death. If you have concerns about your child’s safety or your child or someone in your household is in a vulnerable population, you may opt to have your child participate in religious education/youth group on-line or by correspondence. If you have questions about whether your child or a family member in a vulnerable population, please visit the CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/other-at-riskpopulations.html>

Appendix C

PROVISIONS FOR INFORMED CONSENT FOR MINOR PARTICIPATION VIA TELECOMMUTING (COVID-19)

This Informed Consent for minor participation via telecommuting contains important provisions for using the phone or the internet during the period of the current COVID-19 pandemic. Please read this carefully, and let your religious education directors/coordinators or youth ministers know if you have any questions.

In accordance with the Code of Conduct enacted by the Archdiocese of San Antonio, all ministry with minors via telecommuting will occur with two qualified adults in the sessions at all times.

For purposes herein, telecommuting refers to participating in religious education classes, youth groups, or other meetings remotely using telecommunications technologies, such as video conferencing or telephone.

Risks to confidentiality. Because telecommuting takes place outside of the normal gathering places on parish grounds, there is potential for other people to access these conversations or stored data could be accessed by unauthorized people or companies.

You are solely responsible for obtaining any necessary equipment, accessories, or software for your child to participate in telecommuting, as well as for ensuring the security of such equipment, accessories or software for your child’s participation.

Recording. The telecommuting sessions shall be recorded by the religious education coordinators/youth ministers solely for auditing purposes and such recordings may not be published in any form, including any social media forums.

Parent/Legal Guardian Informed Consent

This agreement is intended as a supplement to the registration forms for in-person ministry with minors and does not amend any of the terms of that agreement.

Your signature below indicates agreement with its terms and conditions.

I agree to allow my child, _____, to participate in religious education/ youth group participation via telecommuting with religious education/ youth group qualified adults at **St John the Evangelist- Hondo**, during the COVID-19 pandemic.

Parent/Legal Guardian Signature

Dates

St. John the Evangelist Catholic Church

Religious Education Registration Form

2104 Avenue J. Hondo, TX78861

(830) 741-2284

Parent(s)Name _____

Home#: _____

Address: _____

Mom'#: _____

City, State, Zip: _____

Dad#: _____

E-Mail _____

Daytime# _____

Emergency Contact Name _____

Phone#: _____

Custodial Parent if different _____ Address: _____ Phone # _____

Is there anyone that may not pick up your child? Y/N Name: _____

Are Both Parents Catholic? Y N **Is anyone needing to celebrate a sacrament? Y N**

Childs Name: _____ DOB: ____/____/____ Sex _____ Grade next Year _____ Sacrament Program: Y/N
Baptism Eucharist Confirmation what yr prep
Baptized: _____ Catholic? _____ Eucharist: _____ Penance: _____ 1 2 3
Dates: ____/____/____ _____ ____/____/____ ____/____/____
Any special needs of allergies: (medical, disabilities, ect.) _____

Childs Name: _____ DOB: ____/____/____ Sex _____ Grade Next Year _____ Office Use: Sacrament Program: Y/N
Baptism Eucharist Confirmation what yr prep
Baptized: _____ Catholic? _____ Eucharist: _____ Penance: _____ 1 2 3
Dates: ____/____/____ _____ ____/____/____ ____/____/____
Any special needs of allergies: (medical, disabilities, ect.) _____

Childs Name: _____ DOB: ____/____/____ Sex _____ Grade Next Year _____ Office Use: Sacrament Program: Y/N
Baptism Eucharist Confirmation what yr prep
Baptized: _____ Catholic? _____ Eucharist: _____ Penance: _____ 1 2 3
Dates: ____/____/____ _____ ____/____/____ ____/____/____
Any special needs of allergies: (medical, disabilities, ect.) _____

Childs Name: _____ DOB: ____/____/____ Sex _____ Grade Next Year _____ Office Use: Sacrament Program: Y/N
Baptism Eucharist Confirmation what yr prep
Baptized: _____ Catholic? _____ Eucharist: _____ Penance: _____ 1 2 3
Dates: ____/____/____ _____ ____/____/____ ____/____/____
Any special needs of allergies: (medical, disabilities, ect.) _____

Childs Name: _____ DOB: ____/____/____ Sex _____ Grade Next Year _____ Office Use: Sacrament Program: Y/N
Baptism Eucharist Confirmation what yr prep
Baptized: _____ Catholic? _____ Eucharist: _____ Penance: _____ 1 2 3
Dates: ____/____/____ _____ ____/____/____ ____/____/____
Any special needs of allergies: (medical, disabilities, etc.) _____

Childs Name: _____ DOB: ____/____/____ Sex _____ Grade Next Year _____ Office Use: Sacrament Program: Y/N
Baptism Eucharist Confirmation what yr prep
Baptized: _____ Catholic? _____ Eucharist: _____ Penance: _____ 1 2 3
Dates: ____/____/____ _____ ____/____/____ ____/____/____
Any special needs of allergies: (medical, disabilities, ect.) _____

Please select the Session you would like your child(ren) to attend: **Session1 Sun** **Session2 Wed**
Circle one: 8:45 am-9:45 6:00-7:00 PM

I understand that space in the classroom is limited, assignment of students in preferred class day is on a first come, first serve basis and my child may NOT get the preferred class day depending on when registration form is turned in.

I understand that all participants MUST wear a mask at all times.

For your child's safety we recommend that your child/ren use bathroom facilities before coming to class.

*Note: If any of your children have been baptized outside of this Parish, and you have not already supplied us with a copy of each child's baptismal certificate, please do so.

Would you like to be included in our FlockNote Communication system to receive the bulletin and other important parish information electronically? (Check one or both) _____ e-mail or _____ text

Parents Signature: _____ Date: ____/____/____