St. John the Evangelist Catholic Church Religious Education Registration Form

Religious Education Registration Form 2104 Avenue J. Hondo, TX78861 (830) 741-2284

Parent(s)Name	120	12		Home#:	
Address:	i			Mom'#:	
City, State, Zip:)		
E-Mail			Daytime#		
Emergency Contact 1	Tara		** O	Phone#:	
Custodial Parent if di			Address:		none #
Is there anyone that r	The second secon	our child? Y/			
Are Both Parents C				celebrate a sacramer	nt? V N
Childs Name:	DOB:		Frade 2025-20		
	/ /-	S o n C	3144C 2023 20	Baptism Eucharist Con	
Baptized:	Catholic?	Eucharist:	Penance:	Duptism Ducharist Con	1 2 3
Dates: / /	/	/ /	/ /		1 2 3
Any special needs of	allergies: (medic	al disabilities			ř.
Childs Name:				006 Office Hasi See	romant Dragram, VAI
Cillius Ivallie.	DOB. / /	Sex	Grade 2025-2		rament Program: Y/N
Dontinadi	Catholic?	D1		Baptism Eucharist Con	nfirmation what yr prep
Baptized:	Camone?	Eucharist:	Penance:		1 2 3
Dates: _/_/_		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_/_/_		
Any special needs of					
Childs Name:	DOB:	Sex	Grade 2025-2	2026 Office Use: Sacr	
	/_/			Baptism Eucharist Co	onfirmation what yr prep
3aptized:	Catholic? E	ucharist:	Penance:		1 2 3
Dates://		_/_/_	_/_/	* *	
Any special needs of	allergies: (medical	al, disabilities,	ect.)		
Childs Name:	DOB:	Sex	Grade 2025-2	026 Office Use: Sa	crament Program: Y/N
Childs Name:	DOB:	Sex	Grade 2025-2		crament Program: Y/N nfirmation what yr prep
Personal Strong	DOB: _/_/_ Catholic?	Sex Eucharist:	Grade 2025-2		
Childs Name: Baptized: Dates: / /					nfirmation what yr prep
Baptized:	Catholic?	Eucharist:	Penance:		nfirmation what yr prep
Baptized: Dates: _ / _ /_ Any special needs of	Catholic?	Eucharist://_ al, disabilities,	Penance: _/_/ ect.)	Baptism Eucharist Con	nfirmation what yr prep 1 2 3
Baptized: Dates:_/_/_	Catholic?	Eucharist://_ al, disabilities,	Penance:	Baptism Eucharist Con 26 Office Use: Saci	nfirmation what yr prep 1 2 3 rament Program: Y/N
Baptized: Dates:/_/_ Any special needs of Childs Name:	Catholic? allergies: (medication) DOB:	Eucharist://_ al, disabilities, Sex (Penance: _/_/ ect.) Grade 2025-20	Baptism Eucharist Con 26 Office Use: Saci	rament Program: Y/N of firmation what yr prep
Baptized: Dates: _ / _ /_ Any special needs of Childs Name: Baptized:	Catholic?	Eucharist://_ al, disabilities,	Penance: _/_/ ect.)	Baptism Eucharist Con 26 Office Use: Saci	nfirmation what yr prep 1 2 3 rament Program: Y/N
Baptized: Dates: _/_/_ Any special needs of Childs Name: Baptized: Dates: _/_/_	Catholic? allergies: (medication description of the content of th	Eucharist: /_/_ al, disabilities, Sex (Penance:// ect.) Grade 2025-20 Penance://	Baptism Eucharist Con 26 Office Use: Saci	rament Program: Y/N what yr prep
Baptized: Dates: _/_/_ Any special needs of Childs Name: Baptized: Dates: _/_/_ Any special needs of	/_/ Catholic? allergies: (medication of the content of the cont	Eucharist: //_ al, disabilities, Sex (Penance:/_/ ect.) Grade 2025-20 Penance:/_/ etc.	Baptism Eucharist Con 26 Office Use: Sacr Baptism Eucharist Con	rament Program: Y/N nfirmation what yr prep 1 2 3
Baptized: Dates: _/_/_ Any special needs of Childs Name: Baptized: Dates: _/_/_	Catholic? allergies: (medication description of the content of th	Eucharist: //_ al, disabilities, Sex (Penance:// ect.) Grade 2025-20 Penance://	Baptism Eucharist Con 26 Office Use: Saci Baptism Eucharist Con 26 Office Use: Saci	rament Program: Y/N nfirmation what yr prep 1 2 3 rament Program: Y/N nfirmation what yr prep 1 2 3 rament Program: Y/N
Baptized: Dates: _/_/_ Any special needs of Childs Name: Baptized: Dates: _/_/_ Any special needs of Childs Name:	Catholic? allergies: (medication of the content of	Eucharist: /_/_ al, disabilities, Sex Eucharist:/_/_ al, disabilities, Sex Comparison Compa	Penance:/_/ ect.) Grade 2025-20 Penance:/_/ etc. Grade 2025-20	Baptism Eucharist Con 26 Office Use: Saci Baptism Eucharist Con 26 Office Use: Saci	rament Program: Y/N what yr prep 1 2 3 rament Program: Y/N firmation what yr prep 1 2 3 rament Program: Y/N onfirmation what yr prep
Baptized: Dates: _/_/_ Any special needs of Childs Name: Baptized: Dates: _/_/_ Any special needs of Childs Name: Baptized:	/_/ Catholic? allergies: (medication of the content of the cont	Eucharist: //_ al, disabilities, Sex (Penance: _/_/ ect.) Grade 2025-20 Penance: _/_/ etc. Grade 2025-20 Penance:	Baptism Eucharist Con 26 Office Use: Saci Baptism Eucharist Con 26 Office Use: Saci	rament Program: Y/N nfirmation what yr prep 1 2 3 rament Program: Y/N nfirmation what yr prep 1 2 3 rament Program: Y/N
Baptized: Dates: _ / _ /_ Any special needs of Childs Name: Baptized: Dates: _ / _ /_ Any special needs of Childs Name: Baptized: Dates: _ / _ /_ Baptized: Dates: _ / _ /_	allergies: (medication) DOB: / Catholic? allergies: (medication) allergies: (medication) Catholic? Catholic?	Eucharist: /// al, disabilities, Sex Eucharist: /// al, disabilities, Sex C Eucharist: /// L Eucharist: /// Eucharist: ///	Penance:/_/ ect.) Grade 2025-20 Penance:/_/ etc. Grade 2025-20 Penance:/_/	Baptism Eucharist Con 26 Office Use: Saci Baptism Eucharist Con 26 Office Use: Saci	rament Program: Y/N what yr prep 1 2 3 rament Program: Y/N firmation what yr prep 1 2 3 rament Program: Y/N onfirmation what yr prep
Baptized: Dates: _ / _ /_ Any special needs of Childs Name: Baptized: Dates: _ / _ /_ Any special needs of Childs Name: Baptized: Dates: _ / _ /_ Any special needs of	allergies: (medication) allergies: (medication) Catholic? allergies: (medication) Catholic? Catholic? allergies: (medication)	Eucharist: / al, disabilities, Eucharist:/ al, disabilities, Sex Eucharist:/ al, disabilities, al, disabilities, al, disabilities,	Penance:/_/ ect.) Grade 2025-20 Penance:/_/ etc. Grade 2025-20 Penance:/_/ ect.)	Baptism Eucharist Con 26 Office Use: Sacr Baptism Eucharist Con 26 Office Use: Sacr Baptism Eucharist Co	rament Program: Y/N infirmation what yr prep 1 2 3 rament Program: Y/N infirmation what yr prep 1 2 3 rament Program: Y/N infirmation what yr prep 1 2 3
Baptized: Dates: _/_/_ Any special needs of Childs Name: Baptized: Dates: _/_/ Any special needs of Childs Name: Baptized: Dates: _/_/ Any special needs of ************************************	allergies: (medicate DOB:	Eucharist: / / al, disabilities, Sex Eucharist: / / al, disabilities, Sex Eucharist: / / Eucharist: / / al, disabilities, ***********************************	Penance: _/_/ ect.) Grade 2025-20 Penance: _/_/ etc. Grade 2025-20 Penance: _/_/ ect.) ***********************************	Baptism Eucharist Con 26 Office Use: Saci Baptism Eucharist Con 26 Office Use: Saci Baptism Eucharist Con 26 Saci	rament Program: Y/N infirmation what yr prep 1 2 3 rament Program: Y/N infirmation what yr prep 1 2 3 rament Program: Y/N infirmation what yr prep 1 2 3
Baptized: Dates: _ / _ /_ Any special needs of Childs Name: Baptized: Dates: _ / _ /_ Any special needs of Childs Name: Baptized: Dates: _ / _ /_ Any special needs of	allergies: (medicate DOB:	Eucharist: /// al, disabilities, Sex Eucharist: /// al, disabilities, Sex Eucharist: /// al, disabilities, sex Eucharist: /// al, disabilities, to attention to attenti	Penance: _/_/_ ect.)	Baptism Eucharist Con 26 Office Use: Saci Baptism Eucharist Con 26 Office Use: Saci Baptism Eucharist Con ***********************************	rament Program: Y/N infirmation what yr prep 1 2 3 rament Program: Y/N infirmation what yr prep 1 2 3 rament Program: Y/N infirmation what yr prep 1 2 3
Baptized: Dates: _ / _ /_ Any special needs of Childs Name: Baptized: Dates: _ / _ /_ Any special needs of Childs Name: Baptized: Dates: _ / _ /_ Any special needs of ************************************	Catholic? allergies: (medicatholic? Catholic? Catholic? allergies: (medicatholic? Catholic? allergies: (medicatholic? allergies: (medicatholic?	Eucharist: /// al, disabilities, Sex Eucharist: /// al, disabilities, Sex Eucharist: /// al, disabilities, ************************************	Penance:/_/ ect.)	Baptism Eucharist Con 26 Office Use: Saci Baptism Eucharist Con 26 Office Use: Saci Baptism Eucharist Con ************************* Session1 Sun 8:45 am-9:45	rament Program: Y/N infirmation what yr prep 1 2 3 rament Program: Y/N infirmation what yr prep 1 2 3 rament Program: Y/N infirmation what yr prep 1 2 3 rament Program: What yr prep 1 2 3
Baptized: Dates: _ / _ /_ Any special needs of Childs Name: Baptized: Dates: _ / _ /_ Any special needs of Childs Name: Baptized: Dates: _ / _ /_ Any special needs of ************************************	Catholic? allergies: (medicatholic? Catholic? allergies: (medicatholic? Catholic? Catholic? allergies: (medicatholic? allergies: (medicatholic? allergies: (medicatholic? allergies: (medicatholic?	Eucharist: /// al, disabilities, Sex Eucharist: /// al, disabilities, Sex Eucharist: /// al, disabilities, ********* child(ren) to attention to assignment	Penance:/_/ ect.)	Baptism Eucharist Con 26 Office Use: Sacr Baptism Eucharist Con 26 Office Use: Sacr Baptism Eucharist Con ************* Session1 Sun 8:45 am-9:45 referred class day is on a fi	rament Program: Y/N infirmation what yr prep 1 2 3 rament Program: Y/N infirmation what yr prep 1 2 3 rament Program: Y/N infirmation what yr prep 1 2 3 rament Program: What yr prep 1 2 3
Baptized: Dates: / /_ Any special needs of Childs Name: Baptized: Dates: / /_ Any special needs of Childs Name: Baptized: Dates: / /_ Any special needs of ************************************	Catholic? allergies: (medicatholic? Catholic? Catholic? allergies: (medicatholic? Catholic? allergies: (medicatholic? allergies: (medicatholic? allergies: (medicatholic? allergies: (medicatholic? allergies: (medicatholic) at the classroom is liret the preferred class	Eucharist: /// al, disabilities, Sex Eucharist: /// al, disabilities, Sex Eucharist: /// al, disabilities, ************ child(ren) to atten Circlarited, assignment day depending of	Penance: _/_/ ect.) Grade 2025-20 Penance: _/_/ etc. Grade 2025-20 Penance: _/_/ ect.) ********** de one: tof students in p n when registrate	Baptism Eucharist Con 26 Office Use: Sacr Baptism Eucharist Con 26 Office Use: Sacr Baptism Eucharist Con ************ Session1 Sun 8:45 am-9:45 referred class day is on a finion form is turned in.	rament Program: Y/N infirmation what yr prep 1 2 3 rament Program: Y/N infirmation what yr prep 1 2 3 *** Session2 Wed 6:00-7:00 PM irst come, first serve basis
Baptized: Dates: / /_ Any special needs of Childs Name: Baptized: Dates: / /_ Any special needs of Childs Name: Baptized: Dates: / /_ Any special needs of ************************************	Catholic? allergies: (medicatholic? Catholic? allergies: (medicatholic? allergies: (medicatholic? Catholic? allergies: (medicatholic? allergies: (medicatholic)) allergies: (medicatholic) allergies: (me	Eucharist: /// al, disabilities, Sex Eucharist: /// al, disabilities, Sex Eucharist: /// al, disabilities, ************ child(ren) to atten Circlarited, assignment day depending of	Penance: _/_/ ect.) Grade 2025-20 Penance: _/_/ etc. Grade 2025-20 Penance: _/_/ ect.) ********** de one: tof students in p n when registrate	Baptism Eucharist Con 26 Office Use: Sacr Baptism Eucharist Con 26 Office Use: Sacr Baptism Eucharist Con ************* Session1 Sun 8:45 am-9:45 referred class day is on a fi	rament Program: Y/N infirmation what yr prep 1 2 3 rament Program: Y/N infirmation what yr prep 1 2 3 *** Session2 Wed 6:00-7:00 PM irst come, first serve basis

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.

<u>Risks to confidentiality</u>. 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.

<u>Recording</u>. 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 agreen	nent with its terms and conditions.
I agree to allow my child,	to participate in religious education/
youth group participation via telecommuting with re	eligious education/ youth group qualified adul
at St John the Evangelist-Hondo, during the COVID	-19 pandemic.

Parent/Legal Guardian Signature

Dates