

**MAIL OR DROP OFF REGISTRATION**

Pope John Paul II Pastoral Center  
160 Main St. Torrington, CT 06790  
C/O Jen Owens  
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# **SAINT JOHN PAUL THE GREAT CATHOLIC PARISH RELIGIOUS EDUCATION REGISTRATION 2023-2024**

**Please fill out this form in its entirety  
REGISTRATION DUE BY 9/24 @ 1PM**

**TUITION FEES**

**\$40.00/Students K thru 8<sup>th</sup>**

*Due by 9/24. After this date, a \$15/child late fee will apply.*

*An additional Sacramental fee applies to First Holy Communion & Confirmation students, payable in the spring of 2024.*

**SECTION 1: PAROCHIAL LIFE**

Are you a <b>registered member</b> of our parishes? <b>If no, a Census form must submitted with registration.</b>	<b>YES</b>	<b>NO</b>	Registered Member <b>Envelope Number</b>	<b>ENV#</b>
We <b>regularly</b> attend Mass here:	<b>YES</b>	<b>NO</b>	If yes, which Mass and church:	
If not, why not?				

**SECTION 2: STUDENT INFORMATION**

**PLEASE PRINT CLEARLY**

<b>Child#1</b>	<input type="checkbox"/> <b>GRADES K-5<sup>TH</sup></b>	<input type="checkbox"/> <b>MIDDLE SCHOOL (6-8<sup>TH</sup> GRADE)</b>
<b>PLEASE CHECK THE SACRAMENT(S) THE CHILD NEEDS</b>		
<input type="checkbox"/> <b>Baptism</b>	<input type="checkbox"/> <b>First Reconciliation</b>	<input type="checkbox"/> <b>First Holy Communion</b>
Did your child previously attend Religious Education?	<b>YES</b>	<b>NO</b>
Academic Grade in Fall of 2023 →		If yes, Where?
The last grade completed in Religious Education		
<b>Student Full Name (first, middle, last)</b>		<b>Date of Birth</b>
<b>Child's Place of Birth:</b> <b>City/State</b>		<b>Gender (Male-Female)</b>
<b>Child lives with:</b>	<b>Both Parents/Mother/Father/Other</b>	<b>Street Address</b>
<b>City/Town</b>	<b>Zip Code</b>	<b>Home Phone Number</b>
<b>Please share any pertinent student information:</b> <i>learning disabilities, medical history, allergies to medication, family situation, etc.</i>		

**STUDENT'S SACRAMENTS HISTORY**

<b>BAPTISM</b>	<b>RECONCILIATION</b>	<b>FIRST HOLY COMMUNION</b>
Name of Church	Name of Church	Name of Church
City/State	City/State	City/State
Date of Sacrament	Date of Sacrament	Date of Sacrament
<b>A COPY of their Baptismal Certificate will be necessary with the registration, along with a copy of your child's Birth Certificate.</b>		

**SECTION III**
**PARENT/GUARDIAN INFORMATION**

<b>FATHER'S INFORMATION</b>	<b>MOTHER'S INFORMATION</b>
<b>Father's Name</b>	<b>Mother's Name (first, last &amp; maiden)</b>
<b>Cell Phone Number</b>	<b>Cell Phone Number</b>
<b>Do you receive text messages?</b>	<b>Do you receive text messages?</b>
<b>Father's Work Number</b>	<b>Mother's Work Number</b>
<b>Email Address</b>	<b>Email Address</b>
<b>Father's Religion</b>	<b>Mother's Religion</b>
<b>Parent's Marital Status (circle one)</b>	
<b>Catholic Marriage</b> <b>Civil Marriage</b> <b>Single</b> <b>Separated</b> <b>Divorced</b> <b>Remarried</b> <b>Widowed</b>	
<b>Stepfather's Name (first &amp; last)</b>	<b>Stepmother's Name (first &amp; last)</b>

**Turn page over for additional students; otherwise, complete page 3**

**page 1 of 3**

**SECTION 4: ADDITIONAL STUDENTS: PLEASE PRINT CLEARLY** (\*NOTE\* If the information from sections 2, 3, & 5 is different for each child, pages 1 and 3 must be completed separately for each individual child).

**CHILD#2**

☐ **GRADES K-5<sup>TH</sup>** ☐ **MIDDLE SCHOOL (6-8<sup>TH</sup> GRADE)**

Did your child previously attend Religious Education?	<b>YES</b>	<b>NO</b>	If yes, Where?
Academic Grade in Fall of 2023	The last grade completed in Religious Education		
<b>PLEASE CHECK THE SACRAMENT(S) THE CHILD NEEDS</b> <input type="checkbox"/> <b>Baptism</b> <input type="checkbox"/> <b>First Reconciliation</b> <input type="checkbox"/> <b>First Holy Communion</b>			

<b>Student Full Name (first, middle, last)</b>	<b>Date of Birth</b>	<b>Gender (Male-Female)</b>
<b>Child's Place of Birth:</b> City/State	<b>Country (if other than USA)</b>	
<b>Please share any pertinent student information:</b> <i>learning disabilities, medical history, allergies to medication, family situation, etc.</i>		

<b>STUDENT'S SACRAMENTS HISTORY</b>		
<b>BAPTISM</b>	<b>RECONCILIATION</b>	<b>FIRST HOLY COMMUNION</b>
Name of Church	Name of Church	Name of Church
City/State	City/State	City/State
Date of Sacrament	Date of Sacrament	Date of Sacrament
<b>A COPY of their Baptismal Certificate will be necessary with the registration, along with a copy of your child's Birth Certificate.</b>		

**CHILD#3**

☐ **GRADES K-5<sup>TH</sup>** ☐ **MIDDLE SCHOOL (6-8<sup>TH</sup> GRADE)**

Did your child previously attend Religious Education?	<b>YES</b>	<b>NO</b>	If yes, Where?
Academic Grade in Fall of 2023	The last grade completed in Religious Education		
<b>PLEASE CHECK THE SACRAMENT(S) THE CHILD NEEDS TO RECEIVE</b> <input type="checkbox"/> <b>Baptism</b> <input type="checkbox"/> <b>First Reconciliation</b> <input type="checkbox"/> <b>First Holy Communion</b>			

<b>Student Full Name (first, middle, last)</b>	<b>Date of Birth</b>	<b>Gender (Male-Female)</b>
<b>Child's Place of Birth:</b> City/State	<b>Country (if other than USA)</b>	
<b>Please share any pertinent student information:</b> <i>learning disabilities, medical history, allergies to medication, family situation, etc.</i>		

<b>STUDENT'S SACRAMENTS HISTORY</b>		
<b>BAPTISM</b>	<b>RECONCILIATION</b>	<b>FIRST HOLY COMMUNION</b>
Name of Church	Name of Church	Name of Church
City/State	City/State	City/State
Date of Sacrament	Date of Sacrament	Date of Sacrament
<b>A COPY of their Baptismal Certificate will be necessary with the registration, along with a copy of your child's Birth Certificate.</b>		

**For additional students; complete page 2**

# SAINT JOHN PAUL THE GREAT CATHOLIC PARISH

## RELIGIOUS EDUCATION REGISTRATION 2023-2024

### SECTION V: RELEASE

As a parent and/or legal guardian, I remain legally liable for any actions or damage made by the minors listed on the registration(s). I agree on behalf of myself, my child(ren) named herein, our heirs, successors, and assigns to hold harmless and defend the Saint John Paul the Great Parish (Sacred Heart, St. Francis, St. Mary and St. Peter) its officers, directors, agents, employees, representatives associated with events, program, activity from any and all liability claims, loss or damage arising from or in connection with my child(ren) attending events, program, activity or in connection with any illness or injury or cost of medical treatment in connection therewith. I recognize that there are risks of injury involved in members of my family and/or myself participating in activities and programs conducted by St. John Paul the Great Parish. Therefore, in consideration of the St. John Paul the Great Parish conducting activities and enrolling members of my family and/or myself in such activities or permitting members of my family and/or myself to participate in such activities, I do hereby, on behalf of myself and all members of my immediate family, release the St. John Paul the Great Parish and its employees and agents from all liability with respect to an injury received by me or any member of my family arising from such activities, events, and programs.

If emergency medical care is required for the child(ren) listed, and if parents cannot be reached in a timely manner, then the undersigned authorizes appropriate emergency medical assistance and/or treatment as deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment. I agree to be financially responsible for the cost of such assistance and/or treatment. I also agree to save and hold harmless and indemnify St. John Paul the Great Parish, its employees, and agents from all liability, loss, cost, claim, and damage. If you or your emergency contact, as indicated below, cannot be reached in an emergency and, if in the judgment of the St. John Paul the Great Parish Religious Education director feels immediate medical and/or hospital attention is indicated, you authorize St. John Paul the Great parish authorities to send your child(ren) (properly accompanied) to an available hospital. You also authorize the treatment of your minor child(ren) by a qualified and licensed medical doctor in the event of a medical emergency which in the opinion of the attending physician, may endanger his or her life, cause physical disability or undue discomfort if delayed.

### EMERGENCY INFORMATION (if we can't reach you)

Emergency Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ City \_\_\_\_\_

### PICK UP AUTHORIZATION

All individuals, including grandparents, authorized to pick up your child(ren) must be listed here. A written note indicating arrangements should be sent in advance, to be picked up by anyone other than a parent. Only those listed will be allowed to pick up your child(ren) in an emergency without a written note. I understand if I am more than 30 minutes late to pick up, and have not notified the director, my child(ren) may be off-site with staff. Any changes to this information must be in writing. **The following individuals, in addition to parents, have permission to pick up my child(ren):**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

### PHOTO RELEASE WAIVER

I grant St. John Paul the Great Parish, its employees & and representatives, permission to use my child's likeness in photographs, video, or other digital media in any and all of its publications, including web-based publications and social media, including but not limited to Facebook, church vestibule and all online sites affiliated with our parish/programs without payment or other consideration.

### COVID-19 WAIVER RELEASE

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. The St. John Paul the Great Parish put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that program participants will not become infected with COVID-19. Further, attending programs, events, or facilities could increase the risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I or my child(ren) may be exposed to, or infected by COVID-19 by attending programs, events, or facilities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at St. John Paul the Great Parish programs, events, or facilities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, St. John Paul the Great Parish employees, volunteers, and program participants and their families. Additionally, I recognize that having a pre-existing medical condition could put me or my child(ren) at a higher risk of death. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself or my child(ren) (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my attendance or my child(ren)'s attendance at St. John Paul the Great Parish programs, events, or facilities ("Claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, indemnify, and hold harmless the St. John Paul the Great Parish, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the St. John Paul the Great Parish, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any St. John Paul the Great Parish program or event, or at any St. John Paul the Great Parish facility.

Parent/Guardian Signature

Date

Comments, Concerns & Suggestions:

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OFFICE USE: Tuition fee \$ \_\_\_\_\_ Total Paid: \$ \_\_\_\_\_ ☐ Cash ☐ Check# \_\_\_\_\_ Online Payment ☐ **Page 3 of 3**

Payment Plan Request ☐ YES ☐ NO Registration Completed: ☐ YES ☐ NO PDMS#: \_\_\_\_\_ Birth Cert & Sac. Record Received ☐ YES ☐ NO