

**Confirmation - Current Student Registration Form**  
**St. Mark Parish Confirmation and Youth Ministry Program 2022-2023**  
**325 Marine View Avenue, Belmont, CA 94002**  
**eibarra@saintmarkbelmont.com**

Tuition: \$85  
Contribution:

**Student Name** (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_ State \_\_\_\_\_

Student lives with: Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian(s) \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Any additional information you'll like us to have \_\_\_\_\_

**Parent/Guardian Interest and Commitment:**

To help us support you in your role as the primary role model for your child, please let us know which area(s) of the faith you would be interested in learning more about:

Sacraments   Prayer   The Mass   Church Teachings   Sunday Readings   Scripture/The Bible

Other Topic \_\_\_\_\_

If ongoing faith formation is offered, would you attend?   Y/N/Maybe

If Yes/Maybe, please indicate preferred available time:

If No/Maybe, please let us know what are some possible obstacles to attendance, and how we may better support you in your faith journey:

**Thank you for your desire and commitment to have your children learn about, and know the Catholic faith!**

**Please complete this page, and the forms on the next pages (Emergency Care Authorization / Waiver and Release, Family Agreement, Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19, and Parent/Guardian Consent Form for Virtual Programming for Youth). Please submit all the forms and fees (check payable to – St. Mark Church) to the address listed above by Tuesday September 6, 2022. Thank you!**

**Emergency Care Authorization/Waiver and Release Form**

I/We, the parent(s) having legal custody/the legal guardian(s) of \_\_\_\_\_ hereby authorize the administration at St. Mark Church where s/he is enrolled, to consent to, and agree to pay for, on my /our behalf any emergency medical, dental, surgical, or hospital care treatment, or diagnosis to be rendered to or for \_\_\_\_\_ under the general or special supervision or a physician/surgeon or dentist pursuant to Section 1317 of the Health and Safety Code of California. It is expressly understood and agreed that an "emergency" shall be determined at the discretion of St. Mark Church. If the undersigned has left an emergency number on file at St. Mark Church reasonable attempts will normally first be made to contact the undersigned or his/her designee at such number(s) prior to contacting an emergency treatment organization.

The following information will aid in safe, immediate care by medical personnel:

Allergies/Alerts/Any condition requiring special attention: \_\_\_\_\_  
Physician's Name and Phone \_\_\_\_\_  
Insurance Group, Policy # and Phone \_\_\_\_\_  
Name of Insured \_\_\_\_\_ Employer \_\_\_\_\_

I/We understand that St. Mark Church is not legally obligated to make the above referenced consents for medical care. Therefore, in consideration for the above referenced arrangements, the undersigned hereby agrees to release, discharge, indemnify and hold harmless the Archdiocese of San Francisco, its constituent organizations, including, but not limited to St. Mark and their officers, agents and employees, from any and all claims for personal injuries, property damage, or indebtedness for medical treatment expenses that I/We or my/our child may suffer as a result of this arrangement whether or not such injuries, damage, or indebtedness are caused by the negligence (whether active or passive) of any of the entities or individuals named or describe above.

Further, I/We, hereby waive any and all rights to, or compensation for, any photographs, videotapes, motion pictures, recordings, or any other record which may be made by St. Mark Church and affiliate organizations.

**EMERGENCY CONTACT:** Person(s) to contact and to whom child may be released in the event of an emergency, if parent(s)/guardian(s) cannot be reached:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# **Family Agreement (2022-2023)**

## **Mission Statement**

We recognize parents to be the primary catechists of their children. The aim of our program, therefore, is to partner with parents to help each child grow in their awareness of God's love and presence in their lives, so that they will grow to be members of the Catholic Church who love and serve God throughout their lives.

## **Goals**

- For each child to come to a deeper awareness of God's love, and a greater understanding of Church teachings.
- To provide an environment that nurtures faith, hope and love, and to give the children opportunities to use their talents in service and leadership at liturgies.
- To introduce, and enable each child to experience various forms of prayer.
- To promote an understanding, love and reception of the Sacraments.
- To encourage a correlation between daily living and the message of Jesus.

## **Faith Formation Team**

We affirm faith formation to be an ongoing, life-long journey that requires the involvement of parents, students and catechists working together as a team. To achieve the program goals, it is essential that:

- Families enrich the weekly lesson, attend Sunday Mass, and foster family prayer.
- Students arrive on time with assignments completed and ready to fully participate in the planned class activity.
- Parents agree to attend requested meetings.
- Catechists strive to be living witnesses to their faith; to thoroughly prepare the lesson and prayer activity, and arrive 15 minutes before class.
- That there be mutual respect and support; and that any concerns be communicated in a manner that acknowledges each person's identity as a child of God.

## **Class Attendance**

It is very important that your child attends his/her class every week. If for any reason your child will not be in class, please notify your child's teacher and/or the Faith Formation/Religious Education Office. Parents agree to take the responsibility for the missed lesson.

## **Arrival and Dismissal (for in-person classes)**

Please be attentive to the presence of children in the parking lot; and walk and pick-up your child(ren) to/from the Parish Center. Also, please check the calendar to make sure that there is a class on the schedule; arrive no later than 10 minutes before class time and make sure that there is proper adult supervision before leaving your child alone. The safety of your child(ren) is important to us!

## **Student Conduct**

By virtue of their Baptism, each child is called to be a witness to Christ. As such, behavior that speaks to this witness is expected of all students to their Catechist and classmates. We expect all students to be respectful and be in good behavior at all times towards their classmates and teachers. This also includes appropriate dress both at class and Mass. Clothing should speak to the virtue of modesty and not be contrary in any way to our Christian values.

## **Safe Environment**

- All adult volunteers are required to have done a background or fingerprint check, and to complete the “Protecting God’s Children” online safety awareness course every three years
- A “Teaching Safety: Empowering God’s Children” program is included as part of the class discussions for all Grade levels.
- Protective Agency Phone Numbers are posted in the Children Faith Formation/Religious Education Office.

## **Sacrament Programs**

All sacrament programs are a two year period of preparation. This preparation includes formal instruction and faith experiences for the student, parents, and sponsors with full family involvement encouraged.

## **Parent Acknowledgement**

This is to acknowledge that I/we have received and read the Family Agreement for the St. Mark Church Faith Formation/Religious Education Program.  
I/We understand and agree to cooperate with, and support the stated policies.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

STUDENT NAME: \_\_\_\_\_

PARENT/LEGAL GUARDIAN: \_\_\_\_\_

### **Assumption of Risk**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic and is contagious. As a result, in order to resume Faith Formation/Religious Education activities, St. Mark Parish has put in place reasonable preventative measures and standards of behavior, consistent with guidelines issued by the Centers for Disease Control and Prevention (“CDC”) and state and local public health guidance, to reduce the spread of COVID-19 in Parish and Faith Formation activities. Even with implementation of health and safety protocols, however, the Parish cannot guarantee that you or your child will not become infected with COVID-19, and participation in Parish and Faith Formation activities could increase your risk and/or your child's risk of contracting COVID-19. Any interaction with others includes possible exposure to, and illness from, communicable diseases including COVID-19 and influenza.

By attending in-person Parish or Faith Formation activities, I give my informed consent for me or my child to participate and assume responsibility for the above-noted risks.

I willingly agree that my child and/or I will comply with the health and safety protocols established by the Parish, and will take all reasonable and necessary additional precautions to protect against communicable diseases while on Parish premises, not only for our own benefit but for the benefit of others with whom we may come into contact. We agree that, if we observe any objects, practices or procedures we believe to be hazardous while on Parish premises, we will remove ourselves from the location of such hazard and bring it to the attention of Parish administration immediately.

### **Liability Waiver**

By signing this agreement, I acknowledge the contagious nature of COVID-19 and that my child and/or I may be exposed to or infected by COVID-19 by participating in in-person Parish and Faith Formation activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Parish may result from the actions, omissions, or negligence of myself, my child or others, including, but not limited to Parish administrators, employees, volunteers, and other program participants and their families.

I further agree on behalf of myself and/or my child named herein, and our respective heirs, successors, and assigns, to fully and forever release, defend, indemnify, and hold harmless St. Mark Parish, their clergy, administrators, employees, agents, members and volunteers from any and all claims, damages, demands, and causes of action, present or future, known or unknown, anticipated or unanticipated, in any way related to exposure to COVID-19 while participating in Parish and Faith Formation activities, including but not limited to any claims of negligent exposure.

### **Responsibility for Health Screening**

By signing this agreement, I affirm that my or my child's presence at the Parish on any day constitutes an affirmative representation on my part that I/we have performed the required health screening below and affirm that the responses to all questions are NO.

## SCREENING QUESTIONS

“YES or NO, neither I nor my child have any of the following:”

- A fever of 100.4°F. (38°C.) or higher or a sense of having a fever during the past 72 hours
- New or unexpected cough that cannot be attributed to another health condition
- New shortness of breath or difficulty breathing that cannot be attributed to another health condition
- New chills that cannot be attributed to another health condition
- A new sore throat that cannot be attributed to another health condition
- New muscle aches that cannot be attributed to another health condition or specific activity (such as physical exercise)
- New loss of taste or smell
- Nausea, vomiting or diarrhea
- Currently living with a person who has exhibited symptoms of COVID-19 or is currently under quarantine due to close contact with a person suspected or confirmed to have COVID-19

“YES or NO, in the past 14 days, neither I nor my child have done any of the following:”

- Cared for or had other close contact with a person suspected or confirmed to have COVID-19
- Travelled internationally

### **Need to Inform and Quarantine**

I further understand, in the event that I/my child is suspected or confirmed positive with COVID-19 or has come in close contact with a person suspected or confirmed positive with COVID-19, I/my child will need to follow the CDC's guidance for isolation or quarantine as appropriate. Information is available at [www.cdc.gov](http://www.cdc.gov). I agree to inform the Parish administration as soon as possible, but no later than 1 business day, after learning of my/my child's suspected or confirmed positive case of COVID-19 and/or the need to quarantine due to close contact with a person suspected or confirmed positive for COVID-19.

I understand that I/my child may not return to in-person Parish and Faith Formation activities until approved by Parish Administration. Approval will be based on confirmation that the CDC's criteria to discontinue home isolation or quarantine has been met. For details reference:

For those suspected or confirmed positive: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>

For those quarantining due to close contact: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

### **Authorization and Informed Consent**

I hereby authorize the Parish to enforce such other reasonable measures and directives as may be deemed necessary by the Archbishop of San Francisco, its Office of Faith Formation, or the Parish leadership.

By execution of this Agreement, I understand and agree to the foregoing terms and conditions.

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent/Guardian Consent Form for Virtual Programming for Youth**

Dear Parent/Guardian,

In the event of Public Health Emergencies, St. Mark Belmont is permitting distance learning virtual programming for the youth, through which Catechists and Youth Leaders will facilitate program activities through video conference/social media platforms. Moderators will use software, tools and applications provided by third parties that youth, parents/guardians and/or church participants will access via the internet and use for purposes of learning communication and programming. Video conference platforms such as Zoom will be utilized to interact and stay connected with one another. Our commitment to keeping the youth we serve safe is always our number one priority.

Signature on this permission slip indicates your consent to have your child access video conference platforms.

I, \_\_\_\_\_parent/guardian of \_\_\_\_\_give my child permission to access virtual learning/video conference or virtual platforms as provided by the parish of St. Mark Catholic Church Belmont.

Signature of parent/guardian \_\_\_\_\_Date \_\_\_\_\_