











\$75 PER CHILD OR \$125 PER FAMILY

REGISTRATION DEADLINE: AUGUST 23, 2020

Parish Registration is **REQUIRED** for participation in St. Charles Family Faith Formation. Parish registration forms may be obtained from the bulletin or from the parish office.

FAMILY REGISTERED AT ST. CHARLES BORROMEO PARISH? ☐ YES ☐ NO

FAMILY INFORMATION

\square Father \square Stepfather \square Gran	ndfather 🗆 Guardian		Children reside with this person: \Box
Last Name:		First Name:	
Street Address:			
City:	State:	Zip:	Religion:
Home Phone:	Mobile:		Text Messages: ☐ Yes ☐ No
Email:			
Fluent Languages:	Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed		
☐ Mother ☐ Stepmother ☐ G	randmother 🗆 Guardian		Children reside with this person: \Box
Last Name:		First Name	::
Street Address:			
City:	State:	Zip:	Religion:
Home Phone:	Mobile:		Text Messages: ☐ Yes ☐ No
Email:			
Fluent Languages:	Marital	Status: 🗆 Ma	rried □ Single □ Divorced □ Widowed
			ITACT INFORMATION AN PARENT/GUARDIAN LISTED ABOVE **
Emergency Contact (Not Paren	t or Guardian) First/Last	Name:	
Emergency Contact (Not Paren	t or Guardian) Phone Nu	mber:	
Relationship to Child(ren): _			
1 2			efundable fee of \$75 per child or \$125 per family. tion office for financial assistance or fee reduction.
	FOR OFFICE	USE ONLY	
Date Received:	Fee Paid:		Check/Receipt #:









PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH CHILD

	CHILD #1	CHILD #2	CHILD #3
Last Name:			
First Name:			
Middle Name:			
Date of Birth:			
Gender:	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female
Age:			
School:			
Current Grade:			
Baptized:	□ Yes □ No	□ Yes □ No	☐ Yes ☐ No
Date:			
Church:			
City/State:			
Eucharist:	□ Yes □ No	□ Yes □ No	□ Yes □ No
Date:			
Church:			
City/State:			
Confirmation:	□ Yes □ No	□ Yes □ No	☐ Yes ☐ No
Date:			
Church:			
City/State:			
Special Needs:			









PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH CHILD

	CHILD #4	CHILD #5	CHILD #6
Last Name:			
First Name:			
Middle Name:			
Date of Birth:			
Gender:	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female
Age:			
School:			
Current Grade:			
Baptized:	□ Yes □ No	□ Yes □ No	☐ Yes ☐ No
Date:			
Church:			
City/State:			
Eucharist:	□ Yes □ No	□ Yes □ No	□ Yes □ No
Date:			
Church:			
City/State:			
Confirmation:	☐ Yes ☐ No	□ Yes □ No	□ Yes □ No
Date:			
Church:			
City/State:			
Special Needs:			









MEDICAL AUTHORIZATION FOR MINOR(S)

DIOCESAN ENTITY: St. Charles Borromeo Parish in Port Charlotte, Inc.

EVENT: Religious Education and/or Youth Ministry Sessions August 01, 2020 – July 31, 2021

MEDICAL INFORMATION: Please list all pertinent medical information for each of your children (for example, allergies, medications, physical impairments, learning disabilities, behavioral issues, or any other information necessary in an emergency situation). Explain fully:

NAME OF CHILD	DATE OF BIRTH	MEDICAL ISSUE / SPECIAL NEEDS
NAME OF CHILD	DATE OF BIRTH	MEDICAL ISSUE / SPECIAL NEEDS
NAME OF CHILD	DATE OF BIRTH	MEDICAL ISSUE / SPECIAL NEEDS

In case of illness or injury to the above child(ren), reasonable effort will be made to contact the parent(s) or legal guardian(s) or emergency contact. In case of a medical emergency, 911 will be called. In the event that the parent(s) or legal guardian(s) or emergency contact cannot be notified or are not available, I (we), the parent(s) or legal guardian(s) of the above listed minors, hereby authorize staff of **St. Charles Borromeo Parish in Port Charlotte, Inc**, or other pertinent diocesan officials to consent to any x-ray examination, anesthetic, medical or surgical treatment, and/or hospital care, as determined to be necessary and appropriate by a licensed physician in the State of Florida. This authorization is valid for a period of one year from the date of execution.

Parent / Legal Guardian #1:			
NAME:	HOME PHONE	CELL	
Parent / Legal Guardian #2:			
	HOME PHONE	CELL	
Emergency Contact:			
NAME:	HOME PHONE	CELL	
X		X	
Signature of Parent(s) or Lega	ll Guardian(s)	Date	













Date

FAITH FORMATION REGISTRATION 2020 – 2021

PARENT OR LEGAL GUARDIAN CONSENT TO RELEASE MINOR TO THIRD PARTY AND RELEASE OF LIABILITY & AGREEMENT TO INDEMNIFY

DIOCESAN ENTITY: St. Charles Borromeo Church EVENT: Religious Education and/or Youth Ministry Sessions August 01, 2020 – July 31, 2021 Names of Children: DOB: 1. DOB: DOB: Authorized Drivers, other than Parent(s) or Legal Guardian(s) who may pick up my minor child(ren) from sessions/events (If no one other than parent(s)/guardian(s) may pick up your child, please write in "None" on the first line.): _____ Relationship: Phone: Name: _____ Phone: _____ Phone: _____ Name: Relationship: Phone: I, the undersigned parent or legal guardian of the minor(s) listed above hereby give permission for my minor(s) to be released to the adults listed above (upon the provision of picture identification) at any time within the time period that this authorization is valid. I understand that St. Charles Borromeo parish/school may or may not know this third party and makes no representation regarding the individual's character, criminal history, driving record, insurance, or fitness to supervise children. Upon the release of my minor(s) to the above identified third party, St. Charles Borromeo Parish in Port Charlotte, Inc. has no further responsibility for my minor's care or well-being whatsoever. I hereby release St. Charles Borromeo Parish in Port Charlotte, Inc., the Bishop of the Diocese of Venice in Florida, individually and as a corporation sole, and all agents, employees, and volunteers of said entities (hereinafter collectively known as "church") from any and all liability, including that arising from the negligence of the church that may arise from acting in accord with the terms of this consent. I hereby agree to hold harmless and indemnify the church from any claim that may be made against it arising from this consent. * COMPLETE THIS SECTION ONLY IF YOUR CHILD IS OVER 16 AND PERMITTED TO DRIVE TO & FROM EVENTS* **PERMISSION FOR MINORS TO DRIVE TO AND FROM EVENTS**: My child, listed above, is over 16 years of age, has a state-issue driver's license, and may drive to and from events at St. Charles Borromeo Church. Parent or Legal Guardian (Please Print)

Parent or Legal Guardian Signature













AUTHORIZATION FOR RELEASE & USE OF IMAGE IN PHOTO, VIDEO, OR OTHER MEDIA

Names of Child(ren): 1.	Do	OB:
2	DO	OB:
3	DO	OB:
School/Parish/Diocesan Entity: SAINT CHA	ARLES BORROMEO PARISH IN PORT CHA	RLOTTE, INC.
I, the undersigned adult participant or parent the above named School/Parish/Diocesan Ent		participant(s) hereby grant to
collectively known as "image") of the	ure, portrait, voice, appearance, likeness, per he above named participant(s) in connection , or for any other legitimate purpose;	
participant(s) individually or in conj brochures, slides, motion pictures,	n, exhibit, distribute, and transmit the image junction with other images or printed matter broadcasts (radio and television), audio or viver manner of media now known or later devo	in the production of deo files, recordings, still
participant(s) individually or in conj	n, exhibit, distribute, and transmit the image junction with other images or printed matter ernet web site. No personal identifiable infor published;	on the
 The right to record, reproduce, ample all sound effects produced; and 	plify, edit, and simulate the image of the abo	ve named participant(s) and
5. The right to copyright, in its own na	ame, works that contain the image of above r	named participant(s); and
6. The right to assign the above-ment	ioned rights to third parties.	
I understand that the video files, still photos, of become the property of the School/Parish/Dic any finished materials that incorporate said in	ocesan Entity. I hereby waive the right to insp	
I understand and agree that no compensation image of the above named participant(s), and School/Parish/Diocesan Entity to make use of	nothing herein will create any obligation on	
I hereby release and forever discharge Frank J office, a corporation sole, Saint Charles Borro from any and all claims demand, rights, and confide above named participant(s), including a	meo Parish in Port Charlotte, Inc., their agen auses of action of whatever kind that may ari	its, employees and assigns
I hereby certify that I am the above named pa and I give my consent, without reservation, to shall be valid for a period of four years from the	the above agreement on behalf of myself or	
X	Parent or Legal Guardian Signature	
Parent or Legal Guardian (Please Print)	Parent or Legal Guardian Signature	Date



Parent or Legal Guardian (Please Print)











Date

FAITH FORMATION REGISTRATION 2020 - 2021

PARENT OR LEGAL GUARDIAN COVID-19 CONSENT FORM & LIABILITY WAIVER

		Y: St. Charles Borromeo Church
EVENT: Religi	ous Education and/or Youth Mi	nistry Sessions August 01, 2020 – July 31, 2021
Names of Children:	1	DOB:
	2	DOB:
	3	DOB:
Parish in Port Charlo preventative measur standards will be for Charlotte, Inc. cannot attending the parish. By signing this agree be exposed to or infect actions, omissions, volunteers, and programmers for Minors for my chanother Medical Aut. I further agree on be assigns, to release, in and the Diocese of Vermitted ("indemnitees") associations associated as the content of the	ely contagious and as a result, ofte, Inc. will follow state and loves to reduce the spread of COVIII of the spread of guarantee that you or your clack of guarantee that you or your clack of the spread of the contage of the contage of the spread of the spr	gned, grant permission for my child(ren), listed above, to ere are no necessary changes to the Medical Authorization itted. If there are any necessary changes, I will complete named herein, and my spouse, our heirs, successors, and lefend St. Charles Borromeo Parish in Port Charlotte, Inc directors, officers, employees, agents and representatives om or in connection with the negligent acts or omissions o
the indemnitees' in r AND AGREE THAT I A THEIR OWN NEGLIGE	elation to prevention of the spr AM AGREEING TO DEFEND, IND	ead of the COVID-19 virus. I SPECIFICALLY ACKNOWLEDGE DEMNIFY AND HOLD HARMLESS THE INDEMNITEES' FROM NITEES' NEGLIGENT ACTION AND/OR INACTION IN REGARI

Parent or Legal Guardian Signature