



CORPUS CHRISTI CHILDREN'S FAITH FORMATION

2020-2021 REGISTRATION FORM

Family Last Name: _____

Street Address: _____ Apt. # _____ City: _____ Zip Code: _____

Home Phone: _____ Family email: _____

Father's Name: _____

Cell #: _____ Work #: _____

Mother's Name: _____

Cell #: _____ Work #: _____

Child 1 Last Name: _____ First: _____ Middle: _____

Lives with: Both Parents _____ Father Only _____ Mother Only _____ Grandparents _____ Other: _____

M/F: _____ Age: _____ Date of Birth ____/____/____ School Attending: _____ **Grade:** _____

Sacraments Received: ___Baptism ___Reconciliation ___Eucharist ___Confirmation Yrs of Religious Education _____

Allergies, Medical Conditions, custody or other issues we should be made aware of: _____

Child 2 Last Name: Lives with: Both Parents _____ Father Only _____ Mother Only _____ Grandparents _____ Other: _____

M/F: _____ Age: _____ Date of Birth ____/____/____ School Attending: _____ **Grade:** _____

Sacraments Received: ___Baptism ___Reconciliation ___Eucharist ___Confirmation Yrs of Religious Education _____

Allergies, Medical Conditions, custody or other issues we should be made aware of: _____

Child 3 Last Name: _____ First: _____ Middle: _____

Lives with: Both Parents _____ Father Only _____ Mother Only _____ Grandparents _____ Other: _____

M/F: _____ Age: _____ Date of Birth ____/____/____ School Attending: _____ **Grade:** _____

Sacraments Received: ___Baptism ___Reconciliation ___Eucharist ___Confirmation Yrs of Religious Education _____

Allergies, Medical Conditions, custody or other issues we should be made aware of: _____

As we navigate through the many challenges that COVID brings to faith formation, Children's Faith Formation will offer three options for you to choose from: in-person class at the parish, virtual class online, and homeschooling.

In-person classes will be shortened to one hour to keep your child, our catechists and staff safe. Due to the shorter length of the class period, there will be a home component of learning to be completed at home prior to class each week.

Virtual classes will be one hour online video-conference style classes with a catechist and will also include a home component to be completed prior to class each week.

Please rank your preference (1st, 2nd or 3rd choice) for your child's class time:

Option 1 – In-Person: _____ Tuesday, 4:15-5:15 _____ Tuesday, 6:00-7:00 _____ Wednesday, 2:30-3:30

Option 2 – Virtual: _____ Tuesday, 4:15-5:15 _____ Tuesday, 6:00-7:00 _____ Wednesday, 2:30-3:30

Option 3 – Homeschool _____ This option allows for the parent to take on the full responsibility for teaching his/her child the full curriculum for the child's age level. The parent will be provided with materials to teach his/her child and there will be periodic check-ins and assessments for the child.

K – 5th REGISTRATION FEES

In-Person Classes, Virtual Classes and Homeschool:

_____ 1 Child: \$75 _____ 2 Children: \$125 _____ 3 or more Children: \$150

_____ In-Person & Virtual Class Sacramental fee: \$20 (this additional fee is for Grade 2 Reconciliation & Grade 3 Eucharist/Confirmation Preparation Materials)

_____ Homeschool Sacramental fee: \$34 (additional fee for Grade 2 Reconciliation & Grade 3 Eucharist/Confirmation Preparation Materials)

RCIC – Family Faith Formation Classes

(Family Faith Formation is a two-year process class for unbaptized children 7 to 18 years of age as well as for children under 18 who were baptized Catholic, but who did not receive the sacraments of Confirmation and Eucharist during 3rd grade)

_____ RCIC Year 1 (11:45-12:45)

_____ RCIC Year 2 (9:45-10:45)

RCIC REGISTRATION FEES: _____ \$25 per child

*******THE ATTACHED WAIVER FORM MUST BE COMPLETED FOR ALL K-5 AND RCIC IN-PERSON STUDENTS*******

Please make checks payable to: **Corpus Christi Catholic Church**

Date received: _____	Amt. received: _____	Check #: _____	Cash: _____	Charge: _____
Balance Due: _____	Receipt No. _____			PDS: _____

Questions? Contact us at 480-893-1160

**General Waiver for Parish Participation
Corpus Christi Catholic Church**

Parish Participation

I give permission for _____ to attend _____ parish ("Parish"), realizing that there is some potential for injury and illness inherent in all such Parish activities. I acknowledge that Parish is using in good faith, reasonable efforts to implement the recommendations of the Centers for Disease Control and Prevention (CDC), Arizona Department of Education, and state and local health authorities in light of the unique needs and circumstances of the Parish community, and in order to allow for in-person learning while protecting students, teachers, administrators, and staff and helping slow the spread of COVID-19. While the CDC states that these efforts help lower the risk of COVID-19 exposure and spread during parish sessions and activities, they cannot eliminate all risk of exposure and transmission, and Parish cannot ensure my child's complete safety.

By allowing my child to attend the Parish in person, therefore, I specifically acknowledge and assume the risks and hazards associated with my child's participation in all parish activities, but not limited to, the risks associated with the novel COVID-19 virus. I understand that my child will be associating with teachers, administrators, staff and other children and may contract COVID-19, and other viruses and diseases, through my child's participation in activities at parish. I understand and voluntarily assume the risk that my child may acquire COVID-19, and that COVID-19 may subsequently be transmitted from my child to me, my family, and members of my household.

I certify that my child is in good health and has no current issues that make it unsafe for my child to participate in Parish activities, which may not have a medical professional on staff. I will notify the Parish and not send my child to Parish or Parish functions if my child develops a fever or other symptoms of illness or tests positive for COVID-19. Furthermore, I will not send my child to Parish or Parish functions if my child is sick, has COVID-19 symptoms, or has been in close contact with someone who shows symptoms of or has been diagnosed with COVID-19 until after a 14 day exposure period has been exhausted for my child with no symptoms. I further agree that I will follow, and will take reasonable steps to ensure that my child will follow all rules, policies and guidelines of Parish in order to protect other students, teachers, administrators, and staff and help slow the spread of COVID-19.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against the Parish, the Diocese of Phoenix, their insurers, and all of their respective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to any injury or illness, including those related to COVID-19, that may occur to my child, me, or my household members due to my child's participation in the Parish activity.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ Date _____