



#### **CATECHISM STUDENT REGISTRATION FORM**

GRADE:			YEAR: 2021- 2022
STUDENT INFORMAT	ΓΙΟΝ		
Name of the Student:			
	First	Middle	Last
Baptismal Name:			Gender:
Date of Birth:/	/	_ Previous Studen	nt: Yes: No:
Year	Month Day	School Grade: _	
Address:			
City:		Postal C	Code:
Email:		Phone #:	
Sacraments Received:			
Baptism:	Yes:	No:	Date:
Solemn Communion:	Yes:	No:	Date:
Chrismation:	Yes:	No:	Date:
Health Information:			
Allergies / Health Concer	rns / Medical Alerts:	Yes:	No:
If yes, please provide req	uired information:		

(\*Please submit all relevant information that may require learning assistance to your child, to aid teachers engage students, enhance learning, and consider provisions for student assessments, if needed. The information will be kept confidential among the Parish Priest, Catechism Principal, and the designated Teacher.)



# St. Alphonsa Syro Malabar Catholic Church, Vancouver

## Eparchy of Mississauga Department of Catechesis



#### PARENT'S INFORMATION

Father's / Guardian Name:		rdian Name:	Phone#:	
Mother's / Guardian Name:		ardian Name:	Phone#:	
Prin	nary Email	:		
Are	you a regi	stered member of your parish: Yes:	No:	
EM	ERGENC	Y CONTACTS: (List at least one)		
			#:	
2.	Name:		#:	
SIB	LING'S I	NFORMATION		
1.	Name:		Grade:	
2.	Name:			
3.	Name:		Grade:	
4.	Name:		Grade:	
5.	Name:		Grade:	
6.	Name:		Grade:	
7.	Name:		Grade:	
I he	rehy confi	rm my understanding and acceptance of the in	oformation provided above and attest	
	•	of the information I have provided.	normation provided above and attest	
		-		
Nan	ne:	Signature:	Date:	
Paris	hes are comm gency respons	rm clearly and complete all information in full. The Eparchy itted to ensuring the safety of all students. Information on the es and will be kept confidential among the Parish Priest, I	his form is an essential component of the Parish's	
<u>For</u>	office use	only:		
Adr	nission No	: Signatu	re of the Principal:	





#### **Administration, Health and Safety Consent Form**

I/ We, hereby declare that the choice to send my son/ daughter to the Catechism School of S	t.
Alphonsa Syro Malabar Catholic Church, Vancouver, under the Department of Catechesis, Eparchy of	f

Name of the Student: \_\_\_\_\_ Grade:

Mississauga is made by me/ us willingly and consciously and was not forced by anyone.

- ➤ I/ We, hereby acknowledge that the Catechism School is a part of faith formation/ Catholic teaching initiatives of the Catholic Church for its faithful community, and it is not a venue to exercise any activities that are not acknowledged/ accepted/ recommended by the Catholic Church and its doctrine.
- ➤ I/ We understand that, by participating in the Catechetical program, my/ our child, and I/ we (the parent(s)) are expected to follow the Catechism School procedures and conduct, reflective of Catholic values.
- ➤ I/ We hereby acknowledge that all Catechists, Youth Associates, and staff in the Catechism School are volunteers and do not take any financial/ other material benefit for their services.
- ➤ I/ We, hereby acknowledge that catechism classes, seminars and activities may be delivered in-person or through virtual platforms at the Parish, Forane and Eparchial levels.
- ➤ I/ We hereby acknowledge that authorized personnel from the Catechism School, the Parish, Forane and the Eparchy will use the online and virtual platforms to communicate with my child and me/ us about Catechetical or related programs associated with children in the Parish, Forane and Eparchy.
- ➤ I/ We, hereby acknowledge that when my child is in the Catechism class, it is the responsibility of the assigned class teacher to take care of him/ her and I/ we/ our designate (who are identified or consented by the parents) will be notified of any health and safety risk identified by the class teacher.
- ➤ I/ We understand and hereby agree that it is my/ our responsibility to look after my child after the scheduled class hours/ Holy Qurbana/ any scheduled Catechism related activity time. I/ We hereby agree that, if my child needs to be out of the classroom/ Holy Qurbana/ any scheduled Catechism activity time earlier than the scheduled time, I/ we will inform the assigned class teacher in advance and I/ we/ or a designated adult will accompany the child (if the child under the age of 12) out of the classroom or designated areas.





- ➤ I/ We acknowledge that the choice to participate in some programs brings with the individual the ASSUMPTION OF RISK and that it is my right to obtain as much information as I require, about any program or activity organized by the Catechism School and the associated risks and hazards, including information beyond that is provided to me by the Catechism School.
- ➤ I/ We acknowledge that it is my responsibility to advise the designated class teacher, of any medical and/ or health concerns of my child that may affect his/ her participation in the stated program or activity.
- ➤ I/ We understand that, in case of emergency medical or hospital services required for my child, Catechism School representatives would make every reasonable effort to contact me or our designate (who are identified or consented by the Parents). In addition, my/ our signature on this form authorizes the Catechism School representative/ designate to secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.
- ➤ I/ We acknowledge that zero tolerance is the policy of the Parish and Eparchy to ensure my child's safety. In case of any concerns, I/we will inform the designed authorities of the Parish.
- ➤ In case of any possible conflicts/concerns I/ we have with the Catechism functionaries, I/ we will address it in a respectful and appropriate manner, and I/ we are free to contact the Parish Priest, Catechism School Principal, or an authorized/ designated person to deal with such concerns.

I/ We hereby declare that I/ we am/are I have read and understood the information consent to participate being aware of all	ation provided on this form	
Name of the Parent(s)/Guardian(s)	Signature(s)	Date





### Consent to post or publish student information

Name of the child:	Grade:
Catechism School of St. Alphonsa Syro Ma	labar Catholic Church, Vancouver and the Department of
Catechesis, Eparchy of Mississauga is requesting	ng your permission to use your child's information (i.e; name
and grade, image, video, or any creative content	ent presented by the child) in:
Programs and activities organized in	the Parish, Forane and Eparchy level by Catechism School
and/or the Department of Catechesis.	(Parent's Initial).
Programs and activities organized i	in the Parish, Forane and Eparchial level by the Pious
Associations for Children and SMYM	
Activities and competitions coordinate	ed by the Parish and Eparchial associations and ministries.
•	be presented/ published/ posted in print and digital media/
	al publications, reports, notice board, yearbooks. newsletters
and online virtual platforms.	
*	s or display of images, where the faithful community and/or
public may have access to this information and	
In case of any privacy or safety concerns, we of St. Alphonsa Syro Malabar Catholic Church,	agree to contact the Parish Priest or Catechism Principal of Vancouver.  ———————————————————————————————————
1	e Catechism School of St. Alphonsa Syro Malabar Catholic our child's information being used for the stated purposes. Ij was NOT given.
Yes, I/ We consent to my child's information	ion being used for the above stated purposes.
Name of the Parent (s)/Guardian(s)	Signature(s) Date
	w your consent at any time by notifying the Parish Priest/ Catechism atholic Church, Vancouver in writing. We will communicated may be participating in from time to time. *