

PARENTAL PERMISSIONS

Children's Names

_____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____

Child Release Information / Emergency Contact

Who is the Emergency Contact?

Emergency Contact Telephone Number _____

Relationship to student(s) _____

Who may pick up your children?

If you have a "safe release word" please include it here.

Who may NEVER pick up your child/ren?

Does the parish need a copy of a custody arrangement? YES NO
(If yes, please include a copy with your registration)

Should the need arise, I give permission for my child/ren to receive emergency medical care while participating in Parish Religious Education. YES NO

Photo, Press, Audio, and Electronic Media Release

I authorize the Catholic Diocese of Arlington, its parishes and/or schools to use and publish the photographs and/or motion picture or video for which my child/ren posed, and/or any voice recordings. I agree that the Catholic Diocese of Arlington, its parishes and/or schools may use such photographs of my child/ren with or without his/her name and for any lawful purpose, including, for example, publicity, illustrations, bulletins, news, and web content.

YES

YES (without name)

YES (for First Communion and Confirmation only)

NO (for any reason)

Code of Conduct

I agree that my child/ren and I shall abide by the rules and expectations outlined below. I have reviewed them and discussed the rules and consequences with my child prior to signing this form. I agree that if my child chooses to disregard the Code of Conduct, they may be restricted from future attendance without the possibility of a refund.

Check all that apply:

I will come to class on time and ready to learn.

I will not prevent others from learning.

I will give respect and expect respect.

I will be kind in word and action.

If others do not follow these rules, I will go to my teacher for help.

I will either attend Mass every Saturday/Sunday and Holy days of Obligation with my family or watch the Mass online while the Bishop has given permission.

I will read and abide by the Parent Handbook.

Safe Environment / Chastity Training

The parish offers Safe Environment / Chastity / Circle of Grace Training each year.

I OPT OUT for my children (they may NOT participate).

My children will participate.

Online Educational Platform Release (if needed this year)

I give permission for my child/ren to participate in online educational platforms (e.g. Google Classroom, including Meet, Hangouts; ZOOM; GoToMeeting; YouTube, etc.).

Should I choose to opt-out of online educational platforms, I must make arrangements with my parish faith formation leader (DRE) to homeschool my children or to make up the missing instruction.

Check all that apply:

NO! My child/ren may NOT participate. (Please leave the rest of the lines empty.)

YES! My child/ren may participate. (Please check each line below):

1. If my child uses the camera and microphone features on these platforms, my permission is implied and granted.
2. I understand that online educational meetings may be recorded per diocesan policy. If I do not wish for my child to be recorded, it is my responsibility to ensure the camera/microphone is turned off.
3. I understand that there is potential for third-party interference (hacking) or commercials (some of which may not be appropriate); I will monitor each session.
4. I understand that students / parents / guardians should not take photos, screenshots, or record any video or audio from any session.

I have read and completed this Form.

Parents' Signature _____