

Date \_\_\_\_\_

**Good Shepherd Catholic Church  
Formation Registration**

REP - \$20 fee per student  
1<sup>st</sup> Rec & HC - \$40 fee per student  
Confirmation - \$40 fee per student  
Youth Life – No fee

**Student's Name:** \_\_\_\_\_ **Student's Date of Birth:** \_\_\_\_\_ **Student's Grade:** \_\_\_\_\_

**Student's Primary Address:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Student's Phone Number:** \_\_\_\_\_ **Student's School:** \_\_\_\_\_

**Student's Allergies / Special Needs / Learning difficulties:** \_\_\_\_\_

**Student's prior religious education?** \_\_\_\_\_

*Please circle:*

**My student is a . . . . Female or Male**

**My student is baptized . . . . Yes or No**

**My student is a Baptized Roman Catholic . . . . Yes or No**

**My student has participated in First Holy Communion . . . . Yes or No**

**My student has participated in the Sacrament of Confirmation . . . . Yes or No**

Father/Guardian's Name: \_\_\_\_\_ Father/Guardian's Phone Number: \_\_\_\_\_

Father/Guardian's Address: \_\_\_\_\_ Father/Guardian's Zip Code: \_\_\_\_\_

Father/Guardian's Email Address: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Mother/Guardian's Phone Number: \_\_\_\_\_

Mother/Guardian's Address: \_\_\_\_\_ Mother/Guardian's Zip Code: \_\_\_\_\_

Mother/Guardian's Email Address: \_\_\_\_\_

I understand that parents **MUST** participate in Good Shepherd's email and texting communication system as a means of communicating programming information and emergency notifications:

Parent/Guardian's Signature: \_\_\_\_\_

\_\_\_\_\_

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**RELEASE OF LIABILITY/RESPONSIBILITY:**

I, \_\_\_\_\_, give permission for my student, \_\_\_\_\_  
to participate in Good Shepherd Catholic Church's Formation Program and all its activities. I also give my permission to the  
adult volunteers; under the direction of my child's program coordinator, to give minor medical treatment (wash with soap  
and water, and bandage only) to my child in the event of accidental injury. I will not hold any staff, Good Shepherd Catholic  
Church, or the Catholic Diocese of Lexington responsible and/or liable for any illness and/or accidental injury to my child.

Parent's or Legal Guardian's Name (**print**) \_\_\_\_\_

Parent's or Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**PHOTOGRAPHY AND VIDEO CONSENT:**

I/We, the parent(s)/guardian(s) of this youth (print name) \_\_\_\_\_, authorize and give full  
consent, without limitation or reservation, to Good Shepherd Catholic Church Formation Ministry, to publish any  
photograph or video in which the above named student appears while participating in any program associated with Good  
Shepherd Catholic Church Formation Ministry. There will be no compensation for use of any photograph or video at the  
time of publication or in the future.

Parent's or Legal Guardian's Name (**print**) \_\_\_\_\_

Parent's or Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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My student will be using this email address  
to access Zoom sessions: \_\_\_\_\_

My student will be using cell phone number  
To access Zoom sessions: \_\_\_\_\_

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# VIRTUAL TECHNOLOGY PLATFORM Meetings with Minors Parental Information & Consent Form

In an effort to continuously serve our youth in parish programs during times when in-person contact is restricted or prohibited, the Diocese of Lexington can use a third-party Virtual Technology Platform (VTP) such as ZOOM, GoToMeeting, Skype, Flip Grid, etc., which students, parents/guardians and diocesan parish staffs can access via the Internet and use for purposes of communication and programing.

This form seeks consent for your minor child to utilize the VTP for distance-based, virtual programing from your parish. It is our commitment to keep the youth we serve safe. Two parish and/or diocesan staff members will be present during all VTP sessions. All contact information such as email and phone numbers will be kept private from the youth. *Please be aware that third party application collect different information about their users and have their own privacy terms and conditions to which users must adhere.*

Example: <https://zoom.us/terms>

All online activities must comply with the existing Diocesan policies: Code of Conduct, Safe Environment Policy, Employee Policy and Volunteer Policy.

Teachers and Facilitators are required to: keep a log of attendees; duration time of the meeting; and a brief description of the topic/activity covered in the session. Meeting and progress information will be shared directly with parents. No individual contact will be made with a minor by a teacher/facilitator outside of a group meeting.

PARENTAL CONSENT: (Initial & Sign, please)

\_\_\_\_\_ I give permission for my child(ren) to interact with the teacher/facilitator and fellow classmates using the VTP platform and to communicate using a microphone and camera.

\_\_\_\_\_ I understand that meetings will be by invitation only from my child's teacher/facilitator. Attendance will be monitored by the CCD teacher/facilitator and the local parish CCD Director/Facilitator.

\_\_\_\_\_ I understand that a VTP meeting will only take place during regular parish program hours.

\_\_\_\_\_ I understand that as a parent or guardian, I am responsible for supervising the suitability of my child(ren)'s online access, communication and the "home" setting where virtual communication is taking place apart from the parish. (ex. inappropriate clothing, background noise or visuals, unauthorized attendees without parental consent, etc.)

\_\_\_\_\_ I give permission for my child(ren) to experience and access learning resources, as deemed suitable and appropriate by the teacher/facilitator in the normal classroom environment.

Signed by: \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_ Date: \_\_\_\_\_