

**Good Shepherd Faith Formation
Children, Youth & High School
2021 – 2022**

WHAT and WHO:

- Religious Education Program (REP) for Children, K-5th grade
- Preparation for 1st Reconciliation and 1st Communion
 - Must be Baptized
 - Must be at least seven (7) years old by August 1st, 2021
 - Must have participated in 1st grade REP
- Preparation for Confirmation
 - Must be 9th grade – 12th grade
- Youth Life KY, 6th-12th grade
 - 6th-8th grade participate in Middle School Youth Life
 - 9th-12th grade participate in High School Youth Life

WHEN:

- **Kindergarten REP** – Begins September 20th, Monday's, 6:15 pm, via Zoom
- **First, Third, Fourth, and Fifth Grade REP** – Begins September 15th, Wednesday's, 6:30 – 7:15 pm, via Zoom
- **Preparation for 1st Reconciliation and 1st Communion** - Begins September 15th, Wednesday's, 6:30 - 7:30 pm, In-Person in the PLC Banquet Hall
- **Preparation for Confirmation** – Begins October 10th, Two-Sundays-per-month, after 9:30 am Mass – 12:15 pm, In-Person in the PLC Banquet Hall
- **Youth Life KY meets twice each month, plus special events**
 - Middle School Youth Life usually meets on the 1st and 3rd Mondays of each month
 - High School Youth Life usually meets on the 1st and 3rd Sundays of each month

HOW:

Please complete the attached forms and return to any of the following:

- Good Shepherd Parish Office
- Scan all three and email to LHack@cdlex.org
- Take a CLEAR picture of each form and email to LHack@cdlex.org

MORE INFORMATION AT <https://frankfortgoodshepherd.org/>

Date _____

**Good Shepherd Catholic Church
Formation Registration**

REP - \$20 fee per student
1st 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: _____