



A Church Without Walls,
for a Love Without Limits

Resurrection of the Lord Catholic Church

94-1260 Lumikula Street, Waipahu, HI 96797

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2021 – 2022 RELIGIOUS EDUCATION REGISTRATION

Check One: [] Children’s Ministry (Gr. K-5) [] EDGE (Gr. 6-8) [] LIFE TEEN (Youth Ministry, Gr. 9-12)

GRADE: _____

Student’s Name: LAST FIRST MIDDLE

Address: Street & Number City/State/Zip Code

Birthdate: Place of Birth: City State

Father’s Name: Last First Phone+ Email+ **Religion:** Roman Catholic _____
Name Other _____

Mother’s Name: Last First Phone+ Email+ **Religion:** Roman Catholic _____
Name Other _____

+Providing your phone number(s) and email address(es) indicates your approval, that ROL may communicate with you via Flock Note, text and email regarding parish and Religious Education program concerns and events.

Siblings _____
Name Grade Name Grade

Name Grade Name Grade

School Presently Attending _____ **Grade** _____

Sacraments Received

Sacrament of ...	Date	Church	City/State/Country
Baptism			
Reconciliation			
Confirmation			
1st Holy Communion			

Religious Education History

1. Is this the first time your child will be enrolled in a faith formation program? Yes No
2. If the answer to question #1 is “No”, please name the religious education program(s) your child participated in.

Parish Name City/State Grade Level Completed

Health Information

1. Does your child have any health problems that we should be aware of in order to assist him/her in an emergency?

Yes No If Yes, please describe: _____

2. In case of an emergency, who should be called?

Person to Contact	Name	Relationship	Phone
Primary			
Alternate			

3. Name of your child’s physician: _____

4. Medications: _____

5. Allergies: None _____ Yes, please list: _____

6. Medical Insurance Plan: HMSA _____ Kaiser _____ Tri-Care _____ Other: _____

I am/We are the parent(s)/guardians of the student(s) named above. By signing below, I/We:

- a. Understand that I/we are responsible for notifying Resurrection of the Lord Church (ROL) of any changes changes in the information provided above;
- b. Authorize any treatment by any licensed medical personnel deemed necessary in the event of a medical emergency and agrees to pay for such medical expenses;
- c. Understand that all reasonable safety precautions will be taken at all times by ROL Church.
- d. Release and hold harmless ROL Church, the Roman Catholic Diocese of Honolulu, its employees and agents, contractors or volunteers, from any liability for injury, or any damages resulting from participation in any activity/event sponsored by ROL Religious Education program;
- e. Understand that completion and submission of this form is required for participation in the ROL Church Religious Education program, presented on-line (virtual) or in class, while on campus.

Mother’s/Guardian’s Signature **Father’s/Guardian’s Signature** **Date**

Parent’s Authorization for Child Pick-up

I understand that children may be picked up by adults other than their parents or guardians. In order to protect my child, I am authorizing any of the following persons to pick-up my child:

Please Print Clearly:

Name of Adult	Relationship to Child	Phone Number to Contact

I understand that a photo ID will be required.

Mother’s/Guardian’s Signature **Father’s/Guardian’s Signature** **Date**

Covid 19-Health Protocol

Many programs and schools serve children under the age of 12 who are not eligible for vaccination at this time. Therefore, this guidance emphasizes implementing prevention strategies to protect our students enrolled in our Religious Education program at ROL, that are not yet eligible for vaccination. The guidance is intended to help our families, ROL Catechists and staff work in compliance with CDC, Hawaii Dept. of Health, and the Diocese of Honolulu.

This guidance is based on current scientific evidence and lessons learned from schools implementing COVID-19 prevention strategies.

[] **Yes**, I have read, understand and support the wellness of my child by following the health protocol as mandated by ROL as stated in the RE Family Handbook 2021-2022, Appendix XIX-Covid 19 Health Protocol. _____ **Initial Here**

Safe Environment Parent/Guardian Consent

Consistent with Diocesan policy, Resurrection of the Lord Church follows the guidelines set by the United States Conference of Catholic Bishops to guide our efforts to protect our children and youth from abuse. The Safe Environment program is part of the faith formation curriculum.

A notice will be sent home informing parents of the date of the Safe Environment class and the parent session at which time the materials can be reviewed in advance of the class.

Please check the following:

[] **Yes**, I allow my child to participate in the Safe Environment program. _____
Initial Here

[] **No**, I do not allow my child to participate in the Safe Environment program. On the day of the lesson is presented, my child will be absent from class. This is an excused absence. _____
Initial Here

Photo Release Consent

I acknowledge that Resurrection of the Lord Church reserves the right to use student pictures in publications and on the church website. The Parish Office must have on file a written notice from any parent or guardian prohibiting the use of their child’s picture in any publication or media.

Parent/Guardian Acknowledgement _____
Initial Here

I adhere to all the policies set forth in the ROL Faith Formation Family Handbook and will faithfully partner with the parish in the religious education of my child, including our regular attendance at Sunday Mass.

Mother’s/Guardian’s Signature

Father’s/Guardian’s Signature

Date

Registration Fee: NONE

RA 8/11/2021