

St. Andrew the Apostle Roman Catholic Church
CCD Registration

Student's Information

Last Name _____ First _____ Middle _____

Student's birth date ____/____/____ Sex [] Male [] Female

Address _____ City _____ State _____ Zip _____

Home phone (____) _____ Best Contact Phone Number (____) _____

Family E-Mail Address (please print) _____

School attending _____ Grade level for 2021-22 school year _____

Faith Formation (CCD, Catholic School, etc.)

Name of program(s) attended and date(s) _____

Total years of Catholic Instruction (Catholic schools or CCD/PSR programs) _____

Has student received the following Sacraments? Baptism: Yes___ No___
First Reconciliation: Yes___ No___
First Eucharist: Yes___ No___
Confirmation: Yes___ No___

Mother's Name (including Maiden) _____ Religion _____

Cell phone (____) _____ Address if different from above _____

Father's Name _____ Religion _____

Cell phone (____) _____ Address if different from above _____

Sibling _____ Age _____ Sibling _____ Age _____ Sibling _____ Age _____

Is your family registered in St. Andrew the Apostle Parish? Yes ___ No ___

If no, in what parish are you currently enrolled as parishioners? _____

In order for registration to be complete we require:

- Registration form completed in full.
- Check or money order made out to St. Andrew in the amount of \$50.00 for books and supplies. Cash not accepted.
- Copy of baptismal certificate (new students only)

[Office use only] Paid in full _____ Check # _____ Entered in PS _____ Bapt. Cert. _____
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**ARCHDIOCESE OF NEW ORLEANS
PARENTAL/GUARDIAN COVID-19
CONSENT FORM AND LIABILITY WAIVER**

Participant's name: _____

Parish/School: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Business phone: _____

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and as a result, social distancing is recommended. _____ Parish/School will follow state and local standards of conduct and has put in place reasonable preventative measures to reduce the spread of COVID-19 at its Parish/School activity (including but not limited to summer camp). However, even though such standards will be followed and reasonable measures put into place, Parish/School cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Parish/School activity could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and that my child(ren) and I may be exposed to or infected by COVID-19 by participating in the parish/school activity and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at _____ Parish/School may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Parish/School employees, volunteers, and program participants and their families.

Considering the foregoing, however, I, _____, grant permission for my child, _____, to participate in this parish activity that may require transportation to a location away from the parish site, notwithstanding the risks associated with the COVID-19 virus and group activities.

I confirm that there are no necessary changes to the Medical Information Consent form for my child that I previously submitted. If there are any necessary changes, I will complete another Medical Information Consent form.

I further agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to release, indemnify, hold harmless, and defend _____ Parish/School and The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents and representatives ("indemnitees") associated with the event arising from or in connection with the negligent acts or omissions of the indemnitees' in relation to prevention of the spread of the COVID-19 virus. I SPECIFICALLY ACKNOWLEDGE AND AGREE THAT I AM AGREEING TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE INDEMNITEES' FROM THEIR OWN NEGLIGENCE IN REGARD TO THE INDEMNITEES' NEGLIGENT ACTION AND/OR INACTION IN REGARD TO PROTECTION AGAINST THE COVID-19 VIRUS.

Signature: _____ Date: _____

CYO/Youth Ministry 2020