

OUR LADY OF HOPE CATHOLIC CHURCH RELIGIOUS EDUCATION REGISTRATION 2020-2021

Registration Fee: \$160 one child
 \$220 two children
 \$280 three or more children

Our Lady of Hope Parish registration required.

Make check payable to **Our Lady of Hope**. Return form with fee to OLOH Religious Education, 46639 Algonkian Parkway, Potomac Falls VA 20165. **Students preparing for Sacraments must provide a copy of their Baptismal Certificate.**

Family Name	Father's First Name	Religion	Work Phone	Cell Phone	YES / NO can we text you?
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Mother's Maiden Name	Mother's First Name	Religion	Work Phone	Cell Phone	YES / NO can we text you?
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Address	City/Town	Zip Code	Home Telephone
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Email address(es): _____

Emergency Contact Name, Relationship, Phone: _____

Child(ren) reside with: Mother Father Both Other

Student's Full Name	Date of Birth	School Grade Sept. 2020	Last RE Grade completed	Gender	Catholic Baptism	Sacraments received:			Choose One:	
						Penance	Eucharist	Conf.	Tuesday 4:15 – 5:30 pm	Tuesday 6:00 – 7:15 pm
				M / F	Y / N	Y / N	Y / N	Y / N		
				M / F	Y / N	Y / N	Y / N	Y / N		
				M / F	Y / N	Y / N	Y / N	Y / N		
				M / F	Y / N	Y / N	Y / N	Y / N		

Does your child have any allergies (food, medicine, etc.)?

Yes No If yes, please give your child's name and explain.

Does your child have any special educational or physical needs?

Yes No If yes, please give your child's name and explain.

Does your child take any medication on a regular basis that we should be aware of?

Yes No If yes, please give your child's name and explain.

My child has a medical condition (see below) and I will stay with my child during religious education classes.

My child has a physician order stating they are deemed responsible to carry their own medication and have undergone the training required to self-administer the medication.



MEDICAL EMERGENCY ACKNOWLEDGMENT

Child's Full Name

Date of Birth

Medical Condition (please write N/A if none)

I understand that **Our Lady of Hope** parish does not have any medical personnel on-site, and I take full responsibility for any reactions or health problems related to my child's above-named health condition while he or she attends **religious education classes** or other related functions. I give consent, that in the event of an emergency, any member of the parish my contact 911 in order for emergency care to be provided to my child. I further agree to indemnify Our Lady of Hope parish, any of its staff members, its volunteers, and the **Diocese of Arlington** for any and all expenses incurred from actions due to complications my child may experience because of the above-named health condition, including the costs for emergency transport to a health care facility.

I freely execute this Acknowledgment with full understanding of its content:

Signature

Printed Name

Date

**CATHOLIC DIOCESE OF ARLINGTON
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 videotape for which my child(ren) have posed.

I agree that the **Catholic Diocese of Arlington**, its parishes and/or schools may use such photographs of my child(ren) with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, bulletin, and Web content.

I have read and understand the above:

Signature

Printed Name

Date



**OUR LADY OF HOPE RELIGIOUS EDUCATION
POLICY AGREEMENT**

I understand and will comply with the policies stated in **the Our Lady of Hope Religious Education Handbook** found on the parish website at <https://ourladyofhope.net/>.

If my child is preparing for the Sacraments of **First Penance, First Holy Communion or Confirmation**, he/she will miss no more than 5 classes during the school year.

Signature

Date

I would like my child(ren) to attend: _____ **Online only classes**

_____ **Hybrid classes**

CONSENT FOR ONLINE EDUCATION PLATFORMS

2020-2021 School Year

I _____ (parent/guardian), hereby give permission for
_____ (child) to participate in the online educational platforms:

- Google Classroom/for Education (including Meet, Hangouts and GSuite)
- Zoom (Meeting)

used by the Diocese of Arlington/ Our Lady of Hope Parish for the 2020-2021 school year.

- If my child uses the camera and microphone features on these platforms, my permission is implied and granted.
- I understand 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.
- I further understand that there is a potential of third-party interference (hacking), and therefore, I will be monitoring each session. I have spoken to my child about what to do should this occur.
- Students/parents/guardians should not take photos, screenshots, or record any video or audio, from these conference sessions.
- Should I choose to opt-out of online educational platforms, I must arrange with my parish faith formation leader to homeschool my child(ren).

Signature of Parent/Guardian Date

Home Address

City, State, Zip

Best Email Address for Parent/Guardian

Home Phone Cell Phone