



St. John Vianney Catholic Church Religious Education

CANCELLATION / REFUND POLICY

- A non-refundable \$25 processing fee will be charged for cancellations initiated prior to Friday, August 18, 2017 for faith formation and sacrament preparation classes.
- No refund will be given for faith formation or sacrament preparation classes after August 18, 2017.
- No child will be excluded from faith formation or sacramental preparation for financial reasons. The Coordinators of Faith Formation are willing to work with any family requiring financial assistance. Please contact the parish office at (512) 218-1183 or re@sjvroundrock.org.

PARENT FAITH FORMATION PLEDGE

In accordance with the Bishop of Austin, I have chosen to enroll my children in the St. John Vianney Faith Formation program. The program exists to support me in my role as my child's **primary educator** in the ways of faith. I understand that the primary purpose of the religious education program is to teach the rituals and traditions of the Catholic Faith. The program cannot be successful in this mission unless its teachings are reinforced by my own example and practice of faith.

Therefore, I promise to support my child's faith formation by:

- **Regularly attending Mass as a family**
- **Praying in our home and at family meals**
- **Reading the Scriptures in our family**
- **Faithfully bringing my child to class**

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Parent/Guardian Signature

Date

PARENTAL EMERGENCY INFORMATION AND CONSENT

Emergency Contact Information: Relative or friend to contact ***if unable to reach parent/guardian***:

Name and Relationship to you: (please print legibly)

Phone #'s Cell: _____ Home: _____

I hereby authorize St. John Vianney Catholic Parish Faith Formation to allow my child to arrive and leave the church grounds with:

Name: _____ Relationship: _____

Cell phone #: _____ Home phone #: _____

Name: _____ Relationship: _____

Cell phone #: _____ Home phone #: _____

I/we, the parent(s)/guardian(s) of _____ do hereby give my/our permission and approval for my/our son/daughter/guardianship to participate in the Faith Formation program during the 2017—2018 school year, with St. John Vianney Catholic Church.

I/we do hereby, for myself, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who chaperone this event, other participants, our parish, the Catholic Diocese of Austin, and any of the above names parties' representatives, successors, supervisors, sponsors, and/or organizers, for any injuries in connection with the outing/events named above, provided that said injuries are not the result of gross, willful negligence.

I/we likewise release from liability any person(s), airline, bus company, or other transportation service, transporting my child, in a privately owned and/or leased vehicle, to and from any activities connected with the above named event(s), with the exception of gross negligence due either fully, or in part, to mechanical failure and/or operator error.

I/we also give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events named above. I/we understand that in any such instance, all attempts will be made to contact the parent/guardian. In the event that I/we cannot be contacted, I/we hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child as deemed medically necessary. Unless otherwise instructed, it is permissible that my/our son/daughter/guardianship be given aspirin/pain medication/cold medicine by either medical personnel or other adults responsible during this event.

I/we also agree that I/we am legally responsible for all/any personal actions taken by my/our child/guardianship during this event, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of the actions/behavior of my child/guardianship.

Furthermore, I/we agree that if the above named student's behavior is inappropriate, unsafe and/or detrimental to the group, I/we will be contacted immediately to secure means of removing my/our child/guardianship from the event premises. I/we understand that any financial costs incurred as a result of my/our child/guardianship being sent home are my/our responsibility.

I/we will give our consent for our child/guardianship to be moved to alternate rooms on the St. John Vianney Parish campus in the course of their Faith Formation instruction.

I authorize the staff, catechists and Faith Formation volunteers to effect such changes of location as required. Additionally, I/we give permission for my/our son/daughter/guardianship to be photographed during activities associated with the above mentioned event. I/we understand that said photos/videos may be used for future publicity within the parish, Diocese, and our Catholic Church.

I understand that parish employees are not authorized to give **any** medications to my/our son/daughter/guardianship.

In signing this form, I certify that all information contained herein is true and accurate to the best of my knowledge.

Parent/Guardian signature: _____ Relationship to child: _____

Printed Name: _____ Policy #: _____

Insurance Provider: _____ Group #: _____

Any special considerations to be aware of (ie: allergies, medical conditions, medications child takes, bee stings, etc.....)