

Immaculate Heart of Mary Church FAITH FORMATION REGISTRATION
2020/2021 Please return completed registration by **Sept. 8th** ALL IN PERSON PARTICIPANTS
ARE REQUIRED TO WEAR MASKS AND COMPLY WITH COVID-19 OPENING PROTOCOLS

Religious Education (1st through 9th Grade) please complete pages 1, 3, 4, 5 & 6
 Sacraments (First Reconciliation, First Eucharist or Confirmation): please complete pages 1-6

Are you registered in this parish?	YES	NO	FATHER FIRST NAME	MOTHER FIRST NAME	FAMILY LAST NAME
CHILD(REN) LIVE WITH: (Check all that apply)					
Both Parents	Mother	Father	MAILING ADDRESS:		
Stepparent	Guardian	Other	STREET		
If OTHER, please specify, _____			CITY		
			ZIP CODE		

MAIN CONTACT NUMBER HOME OR CELL PHONE	FATHER	MOTHER
	DAY/WORK PHONE	DAY/WORK PHONE
	CELL PHONE	CELL PHONE

Preferred method of communication, please provide an email address that you check on a regular basis
 PARENT'S EMAIL ADDRESS:
 Mother _____ Father _____

Family Information	1 st Child	2 nd Child	3 rd Child	4 th Child
First Name				
Last Name				
Grade in 20/21				
School in 20/21				
Birth Date				
Gender				

So we can better server your child, please list any special needs

(For example, developmental or learning disabilities, autism, ADHD, physical restrictions, diabetes, food and other allergies, etc.)

Special Needs				
Medical Concerns				
Food Allergies				

RELIGIOUS EDUCATION REGISTRATION-WEDNESDAY EVENINGS

RE Grade (1 - 9)				
	Attend in Person	Attend in Person	Attend in Person	Attend in Person
Student Will:	Home School	Home School	Home School	Home School
Materials Fee:				
\$30 per student				

TOTAL AMOUNT FOR PAGE 1: (enter this amount on Page 6) _____

SACRAMENTAL PROGRAM REGISTRATION

FIRST RECONCILIATION REGISTRATION - FALL, 2020

Preparation for First Reconciliation occurs about the age of 8 (2nd grade and older) and consists of 6 lessons taught by the parents at home and 3 parent sessions taught by Coordinator and Fr. John Bauer. Reception of the sacrament during a communal reconciliation service in Advent. Family members are invited to participate

CHILD'S FIRST NAME

MIDDLE NAME

LAST NAME

Baptized at IHM

Baptized in another church (A photocopy of the baptismal certificate will be needed)

FIRST EUCHARIST REGISTRATION - SPRING, 2021

Preparation for First Eucharist occurs about the age of 8 (2nd grade and older) after the child has received their First Reconciliation and consists of 6 lessons taught by the parents at home and 3 parent sessions taught by Coordinator and Fr. John Bauer. There is also a Parent/Child prep/rehearsal night to prepare for the sacrament of Eucharist. Preparation starts mid winter with a group celebration during the Easter Season. First Reconciliation takes place in the fall before First Eucharist.

CHILD'S FIRST NAME

MIDDLE NAME

LAST NAME

Baptized at IHM

Baptized in another church (A Photocopy of the baptismal certificate will be needed)

CONFIRMATION - Fall, 2020 through Spring, 2021

Preparation for Confirmation will begin in late Fall, 2020. We employ the Decision Point Confirmation program provided by Dynamic Catholic. Matthew Kelly, walks our candidates through their preparation in a simple yet compelling format. Decision Point empowers and challenges our candidates to think about and discuss big questions of faith and life in a small group setting. It compliments our candidates as intelligent individuals who have the ability to observe, understand, and navigate the world. Furthermore the program shows how happiness and holiness are the same thing and they are possible to achieve as individuals and as a community. Help enrich our program this year with the participation of your student as we delve deeper into the call Jesus gave us to *"go therefore and make disciples of all nations."* Candidates will meet on Sunday mornings at 8:30 a.m. for a total of 17 sessions including 12 candidate sessions, a one day retreat and parent information sharing meetings.

CHILD'S FIRST NAME

MIDDLE NAME

LAST NAME

Baptized at IHM

Baptized in another church (A photocopy of the baptismal certificate will be needed)

Candidate's email address: _____

Sacramental Fees:

\$30 First Reconciliation (per child)

\$ _____

\$30 First Eucharist (per child)

\$ _____

\$160 Confirmation Fee (per child) (Includes Retreat)

\$ _____

Total amount for page 2

\$ _____

(Enter this total on page 6)

Novel Coronavirus Acknowledgement & Assumption of Risk
Immaculate Heart of Mary Church

I acknowledge and understand, the novel coronavirus, COVID-19 has been declared a worldwide pandemic by the World Health Organization. Further, that COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. I also acknowledge, that federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited or limited the congregation of groups of people.

I agree, represent and warrant that neither the undersigned, nor any registered participant child(ren) shall visit or utilize the facilities, programs, activities, or services of **Immaculate Heart of Mary Church** within 14 days after (1) returning from outside the United States, (2) exposure to any person returning from outside the United States, or (3) exposure to any person who has a suspected or confirmed case of COVID-19.

I hereby agree, represent and warrant that neither the undersigned nor any registered participant child(ren) shall visit or utilize the facilities, programs, activities, or services of **Immaculate Heart of Mary Church** if he or she (1) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (2) has suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify **Immaculate Heart of Mary Church** immediately if any of the foregoing access or use restrictions may apply.

Immaculate Heart of Mary Church has put in place preventative measures to reduce the spread of COVID-19. I agree to comply with measures that **Immaculate Heart of Mary Church** may require to best protect against the introduction of viruses at **Immaculate Heart of Mary Church**, including, but not limited to, hygiene practices and temperature screening, related to myself and/or my child(ren). **Immaculate Heart of Mary Church** cannot guarantee that my child(ren) will not become infected with COVID-19. I understand and agree that attending **Immaculate Heart of Mary Church** could increase my risk and my child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by participating in programs of or attending **Immaculate Heart of Mary Church** 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 **Immaculate Heart of Mary Church** may result from the actions, omissions, or negligence of myself and others, including, but not limited to, **Immaculate Heart of Mary Church** employees, volunteers, and program participants and their families.

Date: _____

Parent/Guardian Signature

Parent/Guardian Name (printed)

Child(ren) Full Name(s)

Marianne Charbonneau
Faith Formation
Coordinator
mcharbonneau@ihm-cc.org
[952-935-1432](tel:952-935-1432)

Immaculate Heart of Mary Church
13505 Excelsior Blvd., Minnetonka, MN
55345
Phone: 952-935-1432 FAX: 952-935-0474
Website: www.ihm-cc.org
E-mail: faithformation@ihm-cc.org

Sam Schepers
Confirmation Coordinator,
Young Adult
& Youth Minister
sschepers@ihm-cc.org
[952-338-6566](tel:952-338-6566)

Office Use Only:			
Date Received: _____	Check # _____	Amount Paid _____	GL Acct. _____
	EFT _____	Monthly _____	Quarterly _____

Immaculate Heart of Mary Church
DISCLOSURE, AUTHORIZATION AND CONSENT FOR SOCIAL MEDIA OR
OTHER ELECTRONIC COMMUNICATION INVOLVING MINORS

I am the parent or legal guardian of _____ (full name of minor) (“My Child”).

In order to ensure transparency and parental involvement, Immaculate Heart of Mary Church has created this consent form so that parents and guardians may provide authorization for Immaculate Heart of Mary Church leaders to electronically communicate with minors. Such communications must comply with applicable Immaculate Heart of Mary Church policies, including restrictions on private communications with minors.

I grant permission for staff or other leaders of Immaculate Heart of Mary Church to communicate with My Child electronically. I understand that such communications are for Immaculate Heart of Mary Church purposes only and may involve group communications relating to Immaculate Heart of Mary Church activities. Further, I understand and authorize that such electronic communications may be made via text, email, telephone and cell phone, social media, digital networking, and other electronic means.

I acknowledge that to review or receive public communications shared via social media with My Child, I will need to have an account with the same social media platforms or become a fan or follower of the same social media. I also understand that communications may be accessible or viewable by others who are also fans or followers of the same social media.

This Disclosure, Authorizations, and Consent form is valid for one year.

If I choose to rescind this authorization and consent, I agree that I will inform Immaculate Heart of Mary Church in writing and that this rescission will not take effect until it is received by Immaculate Heart of Mary Church.

I have read the above Disclosure, Authorizations, and Consent, have had the opportunity to consider their terms, and understand them. I execute this document voluntarily and with knowledge of its significance.

Parent/Guardian Name (please print): _____

Email address: _____

Address: _____

Phone number: _____ Cell number: _____

Child Email address: _____

Child cell number: _____

Signature of Parent/Guardian: _____ Date: _____

**AUTHORIZATION, CONSENT AND RELEASE FOR USE OF
VISUAL LIKENESSES AND ORIGINAL WORKS OF MINORS**

This form allows you, the parent or guardian, to identify if images of your child and their original works may be used for purposes of print, online, social media communication and promotion.

I am the parent or legal guardian of _____ (full name of minor) ("My Child").

I grant the following rights to Immaculate Heart of Mary Church and the Archdiocese of Saint Paul and Mpls:

The right to use all photographs, pictures, portraits, vocal sounds, appearances/likenesses, video and performances (hereinafter collectively known as "image") of My Child in the possession of Immaculate Heart of Mary Church;

The right to use, reproduce, publish, exhibit, distribute, and transmit the image of My Child individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio, television, and other social and digital media), audio or video files, recordings, still photography, CD-Rom and any other manner of media now known or later developed;

The right to use, reproduce, publish, exhibit, distribute, and transmit the image of My Child individually or in conjunction with other images or printed matter on Immaculate Heart of Mary Church and the Archdiocese of Saint Paul and Minneapolis's Internet websites.

No home address or phone number will be published;

The right to record, reproduce, amplify, edit, and simulate My Child's image and all sound effects produced;

The right to copyright, in the name of Immaculate Heart of Mary Church and the Archdiocese of Saint Paul and Minneapolis, works that contain the image of My Child;

The right to use and publish for general communications, advertising, commercial or publicity purposes, or for any other lawful purpose whatsoever My Child's original work; and

The right to assign the above-mentioned rights to third parties without notice to me.

I understand that the video files, still photos, or other media incorporating the image of My Child will become the property of Immaculate Heart of Mary Church. I hereby waive the right to inspect or approve the image or any finished materials that incorporate the image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of My Child's image or My Child's original work.

I hereby release, discharge, and agree to indemnify and hold harmless Immaculate Heart of Mary Church, the Archdiocese of Saint Paul and Minneapolis, and their agents, employees and assigns from any and all claims, demands, right, and causes of action of whatever kind that I or My Child have or may have or may arise by reason of this authorization and from the use of My Child's image and original work, including but not limited to, all claims for libel and invasion of privacy.

This consent regarding My Child's likeness and original work is valid until such time as I choose to rescind this authorization and consent. If I choose to rescind this authorization and consent, I agree that I will inform Immaculate Heart of Mary Church in writing and that my rescission will not take effect until it is received by Immaculate Heart of Mary Church. I understand and acknowledge that it may not be possible to recall any work or photos that have been published prior to receipt of my written rescission.

I hereby authorize and consent that Immaculate Heart of Mary Church and the Archdiocese of Saint Paul and Minneapolis have the right to use My Child's name in connection with their educational, promotional, fund-raising activities, or for any other legitimate purpose.

Please initial: _____ Yes _____ No

I have read the above Disclosures, Authorizations, and Releases, have had the opportunity to consider their terms, and understand them. I execute this document voluntarily and with full knowledge of its significance.

Parent/Guardian Name (please print): _____
Address: _____
Phone number: _____

Signature of
Parent/Guardian: _____ Date: _____

SHARED MINISTRIES Volunteer Opportunities

Each family is encouraged to share their time and talents in some way with the program.
We also welcome teen volunteers. Please check the appropriate boxes.

Parent Name (A) _____ Parent Name (B) _____

Teen Name (C) _____ Teen Name (D) _____

RELIGIOUS EDUCATION VOLUNTEERS

A B C D

RELIGIOUS EDUCATION TEACHER GRADE: _____
Grades 1 through 9 WED 6:30-7:30 PM (Must be 18 or Older)

SUBSTITUTE TEACHER _____ GR 2-6 _____ GR 7-9

TEACHER'S ASSISTANT 6:30 PM WED
To work one-on-one with a special needs child in the classroom
(Must be 16 or older)

HALL MONITOR 6:15-7:30 PM WED (1-3 times/year during class time)
(monitor doors, monitor/assist with special sessions)

ATTENDANCE CLERK 6:30 WED
20 hours per year (make phone calls)

ROOM SANITIZERS 7:30 WED
Classrooms used for Religious Education classes will be sanitized at the end
of each class.

CONFIRMATION ADULT VOLUNTEER OPPORTUNITIES

CONFIRMATION SMALL GROUP LEADER
SUNDAY 8:30 - 10:130 A.M. Must be a confirmed Catholic in good standing.

CONFIRMATION RETREAT HELPER
Provide Snacks/meal/help serve/help clean up

RELIGIOUS EDUCATION & SACRAMENTAL FEES

Religious Education Fee from page 1 \$ _____

Sacramental Fee from page 2 \$ _____

TOTAL \$ _____

AMOUNT ENCLOSED \$ _____

Please mark your payment selection

1. Paid in full at time of registration.
2. Quarterly withdrawal on Sept. 15, Nov. 15, Jan. 15, & March 15.
3. 7 monthly withdrawals beginning Sept. 15 through March 15.

By enrolling my child/children in Immaculate Heart of Mary Parish programs, I accept the
commitment of paying program fees. I will fulfill this financial obligation as I have specified.

Print Name

Parent Signature