

2019-20 *Disciples of Christ* Registration

For New Prague Area Catholic Community

Family Last Name: _____ **Parent's First:** _____

E-mail address: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Worship Site (*circle one*) St. Wenceslaus St. Johns St. Scholastica Other _____
 (____ *please contact me about becoming a church member*)

Program Choices:

1. Disciples of Christ (Wed evening)	Gr 1-8	Sept-Apr	Wed 6:15-7:30pm	\$100
2. Disciples of Christ (Summer +)	Gr 1-8	June 3-14	7:55-noon	\$125
3. Disciples @ Home (home study)	Gr 1-8			\$ 35
4. Confirmation	Gr 9-10	Sept-Apr	Some Sun 8:45-11:30 or 4:00-7:00 <i>(+additional days according to schedule)</i>	\$125
5. Youth Alive	Gr 11-12	Sept-Apr	Days/times determined by group	\$ 75

Children's Names	Grade	Choice #	Health and/or Special needs
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	Fall 2019	Choice # _____ (# from above)	
	Fall 2019	Choice # _____ (# from above)	
	Fall 2019	Choice # _____ (# from above)	
	Fall 2019	Choice # _____ (# from above)	

- Catechists and catechist's assistants receive a **1 child free, plus other children 50% off tuition**
Background check & virtus training is required.
- Will you be a catechist? Yes No Grade _____ or....contact me with more information. _____
- Please initial here if you don't want any pictures posted of your children in our programs. _____
- Please read and sign page 2 – Waiver and Indemnity Agreement
- Please list any health/allergy concerns your child may have. _____

*For more information, check our website: www.npcatholic.org
laura.schoenecker@npcatholic.org (758-5131)
 215 Main St E, New Prague, MN 56071*

WAIVER & INDEMNITY AGREEMENT

In consideration of participation of my child(ren) registered on this form, I agree to indemnify St. Wenceslaus and the Archdiocese of St. Paul/Minneapolis (hereinafter SW&ADSPM) from any claims brought against SW&ADSPM by myself, my child or others that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by SW&ADSPM in defense of such a claim/lawsuit.

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

I authorize and consent that St. Wenceslaus and the Archdiocese of St. Paul/Minneapolis (hereinafter SW&ADSPM) be permitted to use and publish for general communications, advertising, commercial or publicity purposes, or for any other lawful purpose whatsoever the likeness of my child(ren) registered on this form, my child(ren)s original work, including video, photographic portraits, pictures, or reproductions, made through any medium, including social or other electronic media, in accordance with the Acceptable Use Policy for Electronic Communications and the Social Media Policy, provided only the first name (not the family name) is identified if any name is used. I hereby release SW&ADSPM and anyone authorized by SW&ADSPM with such use.

This consent regarding My Child's likeness or original work is valid for one year.

If I choose to rescind my authorization and consent, I agree that I will inform SW&ADSPM in writing and that my rescission will not take effect until it is received by SW&ADSPM. I understand however that it may not be possible to recall any work or photos that have been published prior to receipt of my written rescission.

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 knowledge of its significance.

Parent/Guardian Name (please print): _____

Email address: _____

Address: _____

Phone number: _____

Signature of Parent/Guardian: _____ Date: _____