



*Saint Francis of Assisi
Catholic Church*

Religious Education Registration 2025 - 2026



Grades: Kindergarten - 8th Grade

Classes on Tuesdays from 5:30 PM - 6:45 PM

Classes begin Tuesday, September 23, 2025

Grades: 9th - 10th (Confirmation Preparation)

Classes: Second Sunday of each month

Classes begin Sunday, September 14, 2025

After 10 am mass until 2:00 pm (September 14 - December 14, 2025)

After 10:30 am mass until 2:30 pm (January 11 - May 10, 2026)

Date of confirmation is TBD

Sacramental Preparation:

If your child completed religious education at another parish the previous year, a letter of verification from that parish is required.

Parish Registration:

Your family must be registered with Saint Francis of Assisi Catholic Church to enroll in Religious Education. If you are new to Saint Francis Catholic Church, please register your family as new parishioners. This must be completed before class registration is processed.

You can register by visiting the parish website:

<https://www.sfoachurch.com/copy-of-becoming-catholic>

-Or-

Visiting the Parish Office



Religious Education Registration 2025 - 2026 Sacramental Questionnaire



Each child must have a completed Religious Education Form. If you have multiple children registering for classes, you must complete a separate registration form for each child.

Student Name: _____

Grade: _____ (as of Fall 2025)

Sacramental History:

A copy of your child's Birth Certificate and Baptism Certificate is required unless the child was baptized at Saint Francis of Assisi, or if a copy has already been submitted to the parish office.

Baptism:

_____ My child was baptized at Saint Francis of Assisi in _____ (Date)

_____ My child was baptized at another Church. Saint Francis has a copy of the Baptism Certificate.

_____ My child was baptized at another Church. A copy of the Baptism Certificate has not been submitted to Saint Francis.

First Holy Communion:

Does your child need to prepare for the sacrament of First Holy Communion?

Yes _____ No _____

If "No" Where did your child receive First Holy Communion?

_____ My child received First Holy Communion at Saint Francis in: _____ (Date)

_____ My child received First Holy Communion at another Church:

Name and address of Church

Date of your child's First Holy Communion: _____

Religious Education Last Year:

Did your child attend religious education last year?

Yes: _____ No: _____

If "Yes" Where did your child attend Religious Education?

_____ Saint Francis of Assisi

_____ Previous Church:

Name and address of Church

Additional Comments regarding any faith formation requirements and/or needs:



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Registration Form



Parish Registration is **Required** for participation in the Saint Francis of Assisi Religious Education Program. Parish registration can be found online
<https://www.sfoachurch.com/copy-of-becoming-catholic>
or by stopping by the church office.

(Student) Last Name: _____ First: _____
Middle: _____ Male/Female: _____
Address: _____
City: _____ Zip: _____
Email: _____
Phone#: _____ 2nd Phone#: _____
Birthday: _____ School: _____
Grade in Religious Education last year: _____ Church: _____
Baptism Y/N: _____ @ Church: _____
First Penance Y/N: _____ First Communion Y/N: _____

(Father) Last Name: _____ First: _____
Address: _____
City: _____ Zip: _____
Email: _____
Phone#: _____ 2nd Phone#: _____
Religion: _____

(Mother) Last Name: _____ First: _____
Address: _____
City: _____ Zip: _____
Email: _____
Phone#: _____ 2nd Phone#: _____
Religion: _____

(Guardian) Last, First Name: _____
Relationship: _____

Comments/Special Needs & Disabilities:



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Parental Release Forms Checklist

Parish: Saint Francis of Assisi Catholic Church, Inc. in Grove City, Florida

Student Name and Grade: _____

Student Name and Grade: _____

Student Name and Grade: _____

Student Name and Grade: _____

Parents have received and read the following policies and signed the related forms:

Medical Authorization for Minor: _____ Date: _____

Authorization for Release and
Use of Student Images in Photo,
Videotape or Other Media _____ Date: _____

Consent, Release of Liability
and Indemnification Form for
Trips, Programs, and Events _____ Date: _____

When Relevant:

Parent/Guardian Consent to
Release Minor to Third party
And Release of Liability/
Agreement to Indemnify _____ Date: _____

Signed forms are to be attached to this checklist
and maintained in the student's file.



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Medical Authorization of Minor



DIOCESAN ENTITY: Saint Francis of Assisi Parish, Inc. in Grove City, Florida
EVENT: Religious Education and/or Youth Ministry Sessions August 1, 2025 - July 31, 2026

NAME OF MINOR: _____ D.O.B. _____
PARISH/SCHOOL: _____ Saint Francis of Assisi Catholic Church, Inc. in Grove City, Florida _____
HOME ADDRESS: _____

PARENTS/GUARDIANS: _____/_____

PHONE #s: CELL: _____ HOME: _____

WORK: _____

EMERGENCY CONTACT: _____

PHONE: _____

MEDICAL INFORMATION: Please list all pertinent medical information (for example, allergies, medications, physical impairments, or any other information necessary in an emergency situation). Explain fully:

In case of illness or injury of the above student, reasonable effort will be made to contact the parent(s)/legal guardian(s)/emergency contact. In case of a medical emergency, 911 will be called. In the event that the parents/ legal guardian(s)/emergency contact cannot be notified or are not available, I (we) authorize parish, school, or other pertinent diocesan officials to consent to any x-ray examination, anesthetic, medical or surgical treatment, and/or hospital care, as determined to be necessary and appropriate by a licensed physician in the State of Florida. This authorization is valid for a period of 1 year from the date of execution.

Signature of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date:

Date:



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AUTHORIZATION FOR RELEASE OF USE OF IMAGE IN PHOTO, VIDEO, OR OTHER MEDIA

DIOCESAN ENTITY: Saint Francis of Assisi Parish, Inc. in Grove City, Florida

EVENT: Religious Education and/or Youth Ministry Sessions August 1, 2025 - July 31, 2026

I, the undersigned adult participant or parent/legal guardian of the above named minor participant hereby grant to the above named School/Parish/Diocesan Entity the following irrevocable rights:

1. To use the name, photograph, picture, portrait, voice, appearance, likeness, performance (hereinafter collectively known as "image") of the above named participant in connection with its educational, promotional, fund-raising activities, or for any other legitimate purpose;
2. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of the above named participant individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio and television), audio or video files, recordings, still photography, CD-Rom and any other manner of media now known or later developed;
3. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of the above named participant individually or in conjunction with other images or printed matter on the School/Parish/Diocesan's entity Internet web site. No personal information such as home address or phone numbers will be published;
4. The right to record, reproduce, amplify, edit, and simulate the above named participant's image and all sound effects produced; and
5. The right to copyright, in its own name, works that contain the image of above named participant; and
6. The right to assign the above-mentioned rights to third parties.

I understand that the video files, still photos, or other media incorporating the image the above named participant will become the property of the School/Parish/Diocesan Entity. I hereby waive the right to inspect or approve the image or any finished materials that incorporate said image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of the above named participant's image, and nothing herein will create any obligation on the part of School/Parish/Diocesan Entity to make use of the rights or materials set forth herein.

I hereby release and forever discharge Frank J. Dewane, as Bishop of the Diocese of Venice, his successors in office, a corporation sole, **Saint Francis Catholic Church, Inc. in Grove City, Florida** Catholic School/Parish/Diocesan Entity, their agents, employees and assigns from any and all claims demand, rights, and causes of action of whatever kind that may arise from the use of above named participant's image, including all claims for libel and invasion of privacy.

I hereby certify that I am the above named participant or the parent/legal guardian of the above referenced minor, and I give my consent, without reservation, to the above agreement on behalf of myself or said minor. This agreement shall be valid for a period of four years from the date hereof, unless revoked in writing

Signature of Parent or Legal Guardian:

Date:

Address:

Phone Number:



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PARENT/GUARDIAN CONSENT TO RELEASE MINOR TO THIRD PARTY AND RELEASE OF LIABILITY/AGREEMENT TO INDEMNIFY

DIOCESAN ENTITY: Saint Francis of Assisi Parish, Inc. in Grove City, Florida

EVENT: Religious Education and/or Youth Ministry Sessions August 1, 2025 - July 31, 2026

I, the undersigned parent/guardian of the minor,

hereby give permission for my minor to be released to the following adult:

(upon the provision of picture identification) on the following date:

at such time or under such circumstances as are identified herein:

I understand that the parish/school may or may not know this third party and makes no representation regarding the individual's character, criminal history, driving record, insurance, or fitness to supervise children. Upon the release of my minor to the above identified third party, the parish/school has no further responsibility for my minor's care or well being whatsoever.

I hereby release school/parish/program, the Bishop, individually and as a corporation sole, and all agents, employees and volunteers of said parish/school/program (hereinafter collectively known as "church") from any and all liability, including that arising from the negligence of the Church that may arise from acting in accord with the terms of this Consent. I hereby agree to hold harmless and indemnify Church from any claim that may be made against it arising from this Consent.

Signature of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date Signed

Date Signed



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CONSENT, RELEASE OF LIABILITY AND INDEMNIFICATION FORM FOR TRIPS, PROGRAMS AND EVENTS

NAME OF PARTICIPANT(S)*: _____ DOB: _____

*See attached list for all family member attending

ADDRESS: _____ PHONE: _____

ALTERNATE PHONE: _____

E-MAIL: _____

SCHOOL/PARISH/DIOCESAN ENTITY: Saint Francis of Assisi Catholic Church, Inc. in Grove City, Florida

NAME OF TRIP, EVENT OR PROGRAM: _____

I, the undersigned adult participant or parent/legal guardian of the above named minor participant (for myself and any named minor, our heirs, personal representatives, assigns and next of kin), request permission to participate in this particular event and/or the various field trips and other on and off site activities of the above school/parish/diocesan entity programs throughout the year. I understand that I will receive notice of scheduled field trips and events via an Event Notification Form, if applicable, and my signature consenting to my or my minor's participation shall also indicate the inclusion of the terms of this Consent, Release of Liability and Indemnification Agreement to each trip or event. In consideration for the agreement by the school/parish/diocesan entity to permit my/minor's participation, and intending to be legally bound, I, individually and on behalf of my youth, do hereby:

1. Release, discharge and covenant not to sue the Diocese of Venice in Florida and the Most Rev. Frank J. Dewane, Bishop of the Diocese of Venice, individually and as a corporation sole, the above Parish/School/Diocesan Entity; and their employees, clergy, agents and volunteers (hereinafter Releasees), from any claim, demand, action, or liability whatsoever on account of injury or loss to the person or property of minor child or adult in conjunction with said event, including travel to and from, whether caused by the negligence of the Releasees or otherwise, excluding acts of gross negligence or intentional misconduct;
2. Indemnify and hold harmless the Releasees and each of them from any loss, liability, damage or cost they may incur incident to adult or minor's participation in the above event, whether caused in whole or part by the negligence of Releasees or otherwise;
3. I do further agree that school/parish/Diocesan entity/Diocese of Venice officials, agents, and/or employees have the right to terminate the participation of the above named for reasonable cause, as determined within the discretion of the event/trip leader. In such event, only the funds not actually used will be refunded. I will be responsible for any and all travel costs incurred to return the above named early from the event/trip.
4. I understand that throughout the year I/my minor may be informed via an Event and Trip Notification Form of activities apart from those on-site activities which are school/parish sponsored. If I do not give permission and sign the Event and Trip Notification Form, I am responsible for myself or the supervision of my minor at such event should I choose to attend independently of the program, although agents, employees and volunteers of the school/parish youth program/Diocesan entity/Diocese of Venice may also plan to be present at such events.
5. I understand that the school/parish/Diocesan entity youth programs may include sports (football, swimming, wrestling, etc.) and/or other risky activities (rafting, etc.). These sports activities involve certain risks including, but not limited to, travel to and from the site of the activity, severe physical contact, and the possible reckless conduct of other participants. These risks also include, but are not limited to, serious injury, potential for permanent paralysis, or death. The sporting activities may be conducted at sites that are at some distance from available medical assistance, and any equipment provided for protection may be inadequate in preventing serious injury



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CONSENT, RELEASE OF LIABILITY AND INDEMNIFICATION FORM FOR TRIPS, PROGRAMS AND EVENTS

6. I understand and assume the risks inherent with any extended event, which may involve certain risks beyond the reasonable control of the Parish/school/Diocesan entity and the Diocese of Venice, and their respective representatives, volunteers and agents. Such risks may include but not be limited to accidents, emergencies, exposure to nature and the elements, and/or negligence of the staff of the independent entity at the location of the event (not Parish or School staff). The Parish/school/Diocesan entity disclaim any and all responsibility for any such risks by such independent vendors.

7. I am also aware that all reasonable care and supervision will be exercised by the Adult Chaperones to provide for the general well-being of my youth. However, I understand that there will be times when my youth is not directly supervised and it is impossible for the Adult Chaperones to supervise my youth every minute of every day while attending this program/event. I acknowledge placing my trust in my youth to adhere to proper standards of conduct and to follow the rules of the Group Leaders and Adult Chaperones, especially when not being directly supervised. I understand and assume the risks described above and those inherent with such a program/event.

8. I further represent that the above named is covered by accident and health insurance, and I agree to maintain coverage in full force and effect for the duration of the year. I have completed a Medical Authorization which is on file with the sponsoring school/parish/Diocesan entity in the event emergency medical care is required. I understand that the school/parish/Diocesan entity/Diocese of Venice provides no insurance which will cover my child in conjunction with future trips. I agree to full financial responsibility for any medical treatment provided to him/her.

Adult Participant Signature: _____ Date: _____

Parent/ Guardian of a Minor Signature: _____ Date: _____

*Additional family members participating:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____