

GRADES 6 OR 7 MIDDLE SCHOOL REGISTRATION PACKET

Welcome to Holy Cross Youth Ministry! We are excited to offer a new Middle School aged program, called EDGE, here at Holy Cross. You can find out more information about EDGE by going to www.lifeteen.com.

To register your youth for our classes beginning on October 4th – please complete ALL of the following pages. You can return this packet, along with your registration payment, to the main office or by mailing it all to: Holy Cross, Attn: Youth Ministry, 616 S. Cherry St., Kernersville, NC 27284.

REGISTRATIONS ARE DUE BY SEPTEMBER 18TH.

FORMS TURNED IN AFTER THIS DATE ARE CONSIDERED LATE - PLEASE ADD A LATE FEE OF \$5

How will you know that we received your paperwork? Our Youth Ministry team will reach out to you with further information about our new communication tool – FlockNote – that we will use for all of our Youth Ministry classes. If you do not receive this information within a week of turning in your paperwork – please contact us at 336.497.1408.

Are classes in person or online? All of our Youth Ministry Classes are being offered in-person in Salesian Hall. This particular space lets us space our students out to meet current guidelines. We have separated all of our classes to accommodate this as well – so please note that your class will meet on a specific week night based on your student's current grade level. Again, this is due to the current COVID situation and we look forward to the time when we can all be together to share in this journey!

Will you need any textbooks? Our EDGE program is textbook free! Any class materials will be provided as needed for each student during class. It is recommended that your youth has access to a Catholic Bible at home. Use of the internet for at home review of recommended videos and resources is highly recommended as well.

PLEASE NOTE: if your family has any specific concerns about in-person classes, we will accommodate you with online options! Should you wish to use these online options – please contact our Youth Minister, Denys Davis, directly at 336-497-1408 or holycrossyouthministry@yahoo.com.

HOLY CROSS CONFIRMATION 2021 REGISTRATION

STUDENT INFORMATION

NAME: _____

☐ MALE ☐ FEMALE

BIRTH DATE: _____

SCHOOL ATTENDING: _____ GRADE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT INFORMATION – MUST HAVE CELL AND EMAIL FOR FAMILY

MOM'S NAME: _____

CELL: _____

EMAIL: _____

DAD'S NAME: _____

CELL: _____

EMAIL: _____

MARITAL STATUS: ☐ Married ☐ Divorced ☐ Single ☐ Widow/Widower

SACRAMENTS RECEIVED

BAPTISM YES / NO

Where/When? _____

FIRST COMMUNION YES / NO

Where/When? _____

REGISTRATION FEES

- | | |
|--|------|
| <input type="checkbox"/> FAITH FORMATION 6 th – 8 th Grades | \$50 |
| <input type="checkbox"/> CONFIRMATION SACRAMENT FEES | \$50 |
| <input type="checkbox"/> CATHOLIC FOUNDATIONS FEES | \$50 |
| <input type="checkbox"/> LIFETEEN ONLY (9 th – 12 th Grades) | \$0 |

TOTAL DUE: _____

FOR OFFICE USE ONLY: Amount Paid _____ Check # _____ Assistance _____

HEALTH HISTORY FORM

DATE _____
 CHILD'S NAME _____ DATE OF BIRTH _____
 ADDRESS _____ PHONE (____) _____
 PARENT'S NAME _____ WK NO (____) _____
 EMERGENCY CONTACT _____ (____) _____

PHYSICIAN _____ (____) _____

MEDICAL INSURANCE

POLICY # _____

A. ILLNESSES AND INJURIES (CHECK THOSE THAT APPLY)

____ ASTHMA ____ DIABETES ____ EPILEPSY ____ KIDNEY DISEASE
 ____ CONVULSIONS/SEIZURES ____ EAR INFECTION ____ HEART DISEASE
 DATE OF LAST HEALTH EXAM _____ ANY MEDICAL PROBLEMS NOTED? _____

IF YES, PLEASE EXPLAIN

 SINCE CHILD'S LAST EXAM HAS HE/SHE HAD:
 A SERIOUS ILLNESS _____ WHAT? _____
 AN ILLNESS LASTING LONGER THAN A WEEK? _____
 AN OPERATION OR FRACTURE? _____
 TREATMENT IN A HOSPITAL OR EMERGENCY ROOM? _____
 RESTRICTIONS FROM PHYSICAL ACTIVITY _____
 MEDICATION TO BE TAKEN ON A REGULAR
 BASIS _____

B. ALLERGIES (CHECK THOSE THAT APPLY)

____ ANIMALS ____ MEDICINES ____ INSECT STINGS ____ FOOD
 ____ PLANTS ____ HAYFEVER ____ POLLEN ____ OTHER

PLEASE SPECIFY IF ANY ARE CHECKED

C. IMMUNIZATIONS

IMMUNIZATION YEAR PRIMARY SERIES COMPLETED YEAR OF LAST BOOSTER
 DPT _____
 MEASLES _____
 MUMPS _____
 ORAL POLIO _____
 RUBELLA _____
 TB TINE _____
 CHICKEN POX _____
 HIB HEPATITIS _____

D. OTHER HEALTH CONDITIONS:

E. PERMISSION TO SEEK MEDICAL HELP

IF I CANNOT BE REACHED IN CASE OF EMERGENCY, THE BEARER OF THIS FORM IS AUTHORIZED
 TO ACT ON MY BEHALF TO SEEK MEDICAL TREATMENT AS THEY DEEM NECESSARY FOR MY
 CHILD _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

HOLY CROSS CONFIRMATION 2021 – PHOTO/VIDEO RELEASE

Throughout the year, Holy Cross Church holds many activities for our families to include holiday celebrations, parish community events and online meetings using such resources as Zoom (and others not specifically named) for the purpose of catechesis.

During these events, Holy Cross staff and volunteers take pictures of our Faith Formation and Youth Ministry students. These photos are posted on FF/YM social media pages and may also be included in local newspaper submissions.

With the addition of Zoom (or any other online meetings), you must be aware that meetings themselves may be recorded for playback at another time. This will provide some flexibility for our catechists and parents throughout the year. Using due diligence, are intent with these recordings is to focus the camera on the facilitator/instructor, but due to the general design of the platforms, your child's image and voice may also be included in the recordings.

Please complete the following information for your child(ren). Should you opt out of this release, please understand that your child will be asked to remain out of photos and videos on occasion during events:

_____ Yes, I give my permission

_____ No, I do not give permission

Holy Cross Catholic Church has my permission to use my or my children's photographs or videos for general church use in social media and presentations as described above. I understand that I will receive no royalties, fees or other compensation for said use of these photos.

Child/Teen's Name: _____

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature*: _____

Phone Number: _____

Date _____

* If student is 18 years or older yet still attending our Youth Ministry programs/classes, they must still complete this form, but may sign this release form for themselves

“LOVE THY NEIGHBOR”

Acknowledge and Receipt

As Christians, we are each called to practice the virtue of charity, which includes the command to love one's neighbor as one's self (Mk 12:31). Our Lord urges us especially to care for the most vulnerable among us, saying, “whatever you have done for the least of these you have done for me” (Mt 25:40). Love of neighbor demands, among other things, that we avoid (if at all possible) exposing others to infectious disease, especially children and vulnerable adults. In times of pandemic, this concern is especially important.

Therefore, during the COVID-19 coronavirus outbreak, we ask that all who gather at the parish, including parents on behalf of their children, exercise prudence and caution when deciding to attend any in-person class or gathering, and out of concern for the wellbeing of others in our parish family, to remain at home if they or someone they have been in close contact with have tested positive for COVID-19 or are experiencing any of the following symptoms as identified by the Center for Disease Control.¹

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

All of our programs at Holy Cross offer online or at home options for any family who would prefer this type of interaction instead of participating in person. These options are also available so that anyone feeling sick can take advantage of them without falling behind.

According to CDC guidelines, it is only safe for someone to be around others ten days after symptoms first appear and after 24 hours with no fever (without fever reducing medication), or ten days after a positive test with no symptoms. We also request that anyone testing positive for COVID-19, including parents on behalf of their children, who has participated in an in-person gathering at the parish within 14 days of their positive test please notify the parish for contact tracing purposes.

By signing below, I acknowledge, verify and assert that I understand the importance of the above; that I am aware, understand and that I'm in receipt of the most current CDC guidance; that this includes any applicable guidelines established by the parish - including the use of face coverings, sanitization and social distancing requirements; and agree to abide by it, without limitation or restriction, as a prerequisite for me or my child(ren) participating in in-person activities at Holy Cross Catholic Parish.

Name of Parent

Signature

Date

¹ <https://www.cdc.gov/coronavirus/2019-ncov/index.html>