

SUNDAY CHILD CARE

Welcome to St. Anthony of Padua Parish Sunday Child Care
2017-2018

- *This program serves 1-5 year olds.*
 - *The focus is on safe care for youngsters while their parents attend Sunday Mass.*
 - *The program begins on October 22nd 2017.*
 - *Pre-registration is encouraged. **A Diocesan Emergency form must be on file before registration is considered complete.***
 - *All the forms are available at the parish website (stanthonyfresno.org) and in the parish office.*
 - *Forms may be mailed or turned in to the parish office.*
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- *WHEN: During the 9:30 a.m. Sunday Mass*
 - *WHERE: in Room 24 of the Event Center at St. Anthony School.*
 - *COST: One child - \$50, two or more - \$70.*
Please make checks payable to St. Anthony Parish.

*If you would like to assist in the classroom or seek further information, contact: **Erika Reinhold** ~ (559)579-7735~ or ~*

Email: ecreinhold@gmail.com

*or: Martha Danks-Ferguson in the parish office @
mdanksferg@stanthonyfresno.org or 439-0124, ext. 114.*

St. Anthony of Padua Parish Sunday Child Care
2017-2018

Registration Form

Father's Name: _____
First Middle Last

Mother's Name: _____
First Middle Last

Home Address: _____
Street City & Zip Code

Phone: Cell- _____ Home- _____

PLEASE PRINT:

Child's Name: _____
First Middle Last

Age: _____ Date of Birth _____ Gender: M or F
mm/dd/yy

Medical Information for teacher use: _____

PLEASE PRINT:

Child's Name: _____
First Middle Last

Age: _____ Date of Birth _____ Gender: M or F
mm/dd/yy

Medical Information for teacher use: _____

EVENT - PHOTOGRAPHY RELEASE AUTHORIZATION

PR Release

Release for Diocesan Production for the Diocese of Fresno (DOF) and all Entities for the Diocese of Fresno (DOF)

Parents / Guardians: This form must be completed in order for your child to participate in this event or function. Please respond accordingly to the authorized use of your child's photograph or video image in a DOF produced public-relations document.

NAME OF PARISH OR SCHOOL	St. Anthony of Padua	NAME OF GROUP	Sunday Child Care	
NAME OF EVENT	Weekly Activities		DATE OF EVENT	2017-2018

PARTICIPANT AGREEMENT:

I hereby grant the Diocese of Fresno and its entities (hereinafter called Producer), their nominees, designees, and successors full authorization and the absolute right and permission to sell, assign, convey, reproduce, copyright, use or publish photographic reproductions, portraits, or pictures of me, motion picture or video tape pictures of me, or in which I may be included in whole, in part, or in composite, or in which character or form is distorted, in conjunction with my own or any other picture, product, person, name or reproduction, in color or otherwise, made through any media at its studios or elsewhere, for art, advertising, commerce, business or trade, or any other lawful purpose whatsoever.

I hereby waive any right I may have to inspect or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge and agree to hold harmless PRODUCER, its nominees, designees, or successors, and assignees or others for whom they are acting from any liability of any nature or description by virtue of any use whatsoever, whether intentional or otherwise, or from any change that may occur or be produced in the taking of said picture or pictures, or any processing tending towards the completion of the finished product, unless it can be shown that said use or change is solely for its purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity.

PRINT NAME OF PARTICIPANT	SIGNATURE OF PARTICIPANT
ADDRESS	
TELEPHONE	EMAIL

PARENT / GUARDIAN AUTHORIZATION FOR A MINOR

If the participant is under 18 years of age, the parent or legal guardian of the above participant must provide the following information and must check one of the following and sign.

☐ As the parent and/or legal guardian of the above named participant, **I do hereby consent and grant my permission** to all of the foregoing.

☐ As the parent and/or legal guardian of the above named participant, **I do not give my consent** for my child to be photographed, but I understand that it will be the responsibility of the participant to make every effort possible from participating in any posed pictures. If a picture or pictures are inadvertently taken, then I agree to review the photographs or video within the given time frame in order to identify my child to avoid any reproduction or usage of that image and/or images.

PRINT NAME OF PARENT / GUARDIAN	SIGNATURE OF PARENT / GUARDIAN
SIGNATURE OF WITNESS	DATE

**Diocese of Fresno (DOF) and all Entities of the Diocese of Fresno:
Permission for a Minor to Participate in a DOF Activities, Release of
Liability, and Consent for Emergency Medical Treatment**

Parent / Guardian: In order for your child to attend and/or participate in DOF sponsored events, activities, or sports during this calendar year, you must give your signed permission by completing this ANNUAL form. In addition to this form, you will also be required to sign permission PR21 Event Forms for you child to participate in specific DOF sponsored events, activities and sports conducted off parish grounds

NAME OF PARISH
OR SCHOOL*St. Anthony of Padua, Fresno*NAME OF
GROUP*Sunday Child Care*

I, the undersigned parent or legal guardian, voluntarily wish to give permission for and request that my child be allowed to attend and participate in DOF-sponsored events and activities during this calendar year including those conducted off parish grounds. My child is physically fit and capable of participating in DOF events and activities. I have informed my child to cooperate and conform with the rules, guidelines, and instructions given by DOF personnel or agents, or chaperones, or responsible for DOF events and activities. If requested, I will sign a permission and release PR20 Form for each specific event or activity conducted off DOF grounds. I reserve the right to disallow my child to participate in DOF -sponsored events by notifying the leader in writing.

I understand that participation in this activity involves some risk (including any travel to and from this activity) and that unforeseen occurrences can arise. I am informed and agree that transportation, if involved, may be provided by volunteers, parents, private individuals, or approved commercial operators who are believed to be reliable and insured, but are not under the supervision or control of the Diocese of Fresno.

In exchange for permitting my child to participate in this voluntary activity, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against DOF. I release and discharge the DOF from all liability or responsibility for death, illness, personal injury, or property damage arising out of DOF activity and any transportation involved with the DOF activities.

In the event of an emergency and if the DOF is unable to contact me, I authorize the DOF personal or other adult leadership of a parish-sponsored event or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. I agree that if emergency medical or dental services are required for my child, the DOF will not be responsible to pay for any medical or dental expenses. A copy or digital image of this form shall be valid as the original and may be given to the adult leader of parish-sponsored activities.

This permission, waiver, release, and consent applies to the DOF named, including but not limited to the Diocese of Fresno Education Corporation; the Roman Catholic Bishop of Fresno (a corporate sole); the Diocese of Fresno; other Fresno Diocesan Parishes and Schools; affiliated organizations and officers; clergy; agents; and employees.

This waiver and release form is signed in order for my child to participate in the DOF -sponsored events and activities for my child's own personal enjoyment and benefit and is done so freely with the knowledge of the risk and dangers that are or may be involved.

I authorize any hospital which has provided treatment to the named participant pursuant to the provisions of Family code section 6910 to surrender physical custody of such minor to the DOF representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

I, the undersigned, have read this release and understand all of its terms. I request that my child be allowed to participate in DOF -sponsored events and activities. I execute this form voluntarily and with full knowledge of its significance. I have discussed the above with my child, and my child is aware of and understands the importance of following all rules set out for these events, activities, or sports. A copy or digital image of this form shall be as valid as the original authorization and may be given to the adult leader of the events, activities, or sports.

PRINT NAME OF
PARTICIPANT

DATE

PRINT NAME OF
PARENT / LEGAL GUARDIANSIGNATURE OF
PARENT / LEGAL GUARDIAN

CONTINUE ON REVERSE AND COMPLETE BOTH SIDES OF FORM

Diocese of Fresno (DOF) and all Entities of the Diocese of Fresno : Permission for a Minor to Participate in DOF Activities, Release of Liability, and Consent for Emergency Medical Treatment

The following information is provided for the benefit of the parish in case of an emergency.

PRINT NAME OF PARTICIPANT		DATE OF BIRTH	
PRINT NAME OF PARENT / LEGAL GUARDIAN		PAGER / CELLULAR TELEPHONE NUMBER	
DAYTIME TELEPHONE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK	EVENING TELEPHONE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
EMERGENCY CONTACT (OTHER THAN PARENT / GUARDIAN)			RELATIONSHIP
EMERGENCY CONTACT DAYTIME TELEPHONE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK	EMERGENCY CONTACT EVENING TELEPHONE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
ALLERGIES (FOODS, DRUGS, INSECTS, ETC.)			
MEDICATIONS (NAME, DOSAGE, TREATMENT)			
IF ANY MEDICATION IS LISTED: FORMS R18 OR R19 MUST BE COMPLETED AND ATTACHED			
OTHER INFORMATION			

DOCTOR'S / MEDICAL GROUP INFORMATION

 FAMILY DOCTOR
OR MEDICAL GROUP

 DOCTOR'S
TELEPHONE

☐ No Family Physician Listed

 DENTIST'S NAME
OR MEDICAL GROUP

 DENTIST'S NAME
TELEPHONE

 ORTHODONTIST'S NAME
OR MEDICAL GROUP

 ORTHODONTIST'S NAME
TELEPHONE

INSURANCE INFORMATION

 INSURANCE
COMPANY

 POLICY HOLDER'S
NAME

 INSURANCE GROUP
OR ID NUMBER

☐ No insurance Listed

DATE RECEIVED AND BY