



NEWMAN CENTER / HOLY SPIRIT PARISH

1941 EAST WEST ROAD HONOLULU HI 96822

Phone: 808-988-6222 Email: info@newmanhawaii.org

RELIGIOUS EDUCATION 2021-2022 REGISTRATION

One form for Each child.

Please Print Legibly

Child's Full Name	
Date of Birth	
Place of Birth	
Age	
Grade/Level	
Allergies (Please be sure to list any allergy to medication)	
Briefly describe any medical conditions that would be important to know:	
Emergency Contact Name	
Emergency Contact Ph#	
Relationship	

SACRAMENTAL INFORMATION

Please indicate the sacraments the student received

BAPTISM Yes / No	CONFIRMATION Yes / No	HOLY EUCHARIST Yes / No
Date:	Date:	Date:
Church Name:	Church Name:	Church Name:
Church Address:	Church Address:	Church Address:

Please attach copies of sacramental records and turn it in with the application.

PARENTS INFORMATION

Father's Full Name	Mother's Full Name
Address:	Address:
Home Contact#:	Home Contact#:
Cell Phone #	Cell Phone #:
Email:	Email:



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Remember your participation in teaching the Catholic faith to your child is crucial. The Religious Education Program exists to assist **you** in teaching your child about the Catholic faith. To facilitate a quality program and to provide a clear understanding of your role and our expectations please read the following and sign:

1. I will actively participate at home with my child in his/her religious education. This will include but is not limited to practicing prayers, reading the bible, and completing assignments.
2. During this time of COVID-19, my child will participate through virtual classes (unless noted otherwise) and enter the virtual classroom on time. I understand that class attendance is mandatory. If my child must be absent from class, I will call my child's teacher. If I cannot reach my child's teacher, I will leave a message with the parish office at 808-988-6222.
3. My family and I will regularly attend Sunday Mass. (This is Vital!)
4. I will attend required parent meetings and family religious activities either virtually or in-person if deemed safe.

I believe in a strong religious education program, and I will do my best to support the program through my and my family's participation.

Your Child's Name: _____

Name (Please Print): _____ Date: _____

Signature: _____ Date: _____

Thank You,

Rev. Alfred Omar B. Guerrero
Pastor



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DIGITAL MINISTRY AND PHOTO CONSENT FORM

(Please initial)

____ I/We grant permission for my son/daughter to participate in **google classroom or zoom meeting** and receive text messages/email from the Parish Faith Formation Program (i.e., Religious Education).

From time to time, pictures and video may be taken of parish faith formation ministry events and gatherings. We would like to be able to use these photographs and videos for flyers, parish publications, and the ministry website. Written consent of both the student and parent/guardian is required. Names will not be posted unless written authorization is given by the student and parent/guardian, and then only first names will be used. If there are concerns about pictures or videos posted on the website, please contact the ministry coordinator or webmaster, and they will promptly be removed.

____ I/We, the parent(s)/legal guardian(s) of youth named above authorize and give full consent, without limitation or reservation, to **the Newman Center / Holy Spirit Parish** to publish any photograph or video in which the above-named student appears while participating in any program associated with the parish faith formation program. There will be no compensation for use of any photograph or video at the time of publication or in the future.

Our parish faith formation programs are providing virtual programming and content for its participants, through which catechists, and/or parish staff will facilitate program activities through online platforms. The program(s) will use software, tools and applications provided by third parties that participants, parents/legal guardians, volunteers and/or staff will access via the internet and use for purposes of communication and programming and potential content creation. These platforms may include but are not limited to: Facebook, Instagram, Twitter, YouTube, GoToMeeting, Zoom, and GroupMe.

All digital networking and communication including, but not limited to, email, texting, social media sites, etc., with children/youth will be ministry related, and NOT personal in nature, restricted to matters concerning parish faith formation program news and events.

The person(s) authorized to communicate with children/youth follows The Safe Environment Policy of the Diocese of Honolulu.

____ No, we DO NOT want our child/youth to participate in any digital ministry.

Parent/Legal Guardian Signature

Date



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**SAFE ENVIRONMENT PROGRAM
PARENT PERMISSION FORM**

The *Charter for the Protection of Children and Young People* issued by the United States Conference of Catholic Bishops requires dioceses and eparchies to provide education and training for children, youth, parents, ministers, educators, volunteers, and others about ways to make and maintain a safe environment for children and young people.

The children’s education program consists of age-appropriate lessons built upon the Church’s teaching that “the human body shares in the dignity of the image of God” (CCC364). That dignity leads us to foster in every person the belief and awareness that as a person of God they are deserving of love and respect. Because dignity is a gift given by God at birth, abuse of all kinds is harmful to that dignity.

Children being among the most vulnerable require us to protect that dignity. Thus, consistent with diocesan policy, the **Newman Center / Holy Spirit Parish** will conduct safe environment training as part of the religious education curriculum.

A parents meeting will be held to provide an opportunity to review the safe environment materials.

___ **Yes**, I give my consent for _____
(Name of the child) Grade/Year

to participate in the Safe Environment training program.

_____ **No**, I do not give my consent for my child(ren) to participate in the Safe Environment training program. On the day this lesson is presented, my child will not attend religious education class.

_____ I will **attend the parent class and make my decision at that time**. I understand that without written parent consent, my child may not attend religious education class on the day this lesson is presented.

Parent/Legal Guardian Signature Date