



SAINT BRIGID ROMAN CATHOLIC CHURCH
3400 OLD ALABAMA ROAD, JOHNS CREEK, GA 30022

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REGISTRATION FORM 2020-21 LTE SPECIAL NEEDS GROUP

\$ 100 Registration Fee

FAMILY NAME: _____ ENVELOPE #: _____

Emergency Phone Number: _____ Relationship to student: _____

Mailing Address: _____
Street City Zip Code

Phone: _____ Email Address: _____
REQUIRED- PLEASE UPDATE

Father's Full Name: _____ Father's Cell: _____

Mother's Full Name: _____ Mother's Cell: _____

STUDENT INFORMATION:

Last: _____ First: _____ Middle: _____ Goes by: _____

Date of Birth: _____ Male _____ Female _____

2020/21 Grade Level: _____ School Student Attends in 2020/21: _____

Sacraments Received:	Baptism	First Communion	Reconciliation	Confirmation
Circle:	Yes No	Yes No	Yes No	Yes No

Child's primary diagnosis and/or health concerns we should be aware of: _____

CARE NEEDS:

VISION: ___ Typical ___ Impaired ___ Blind
 HEARING: ___ Typical ___ Impaired ___ Deaf ___ Hearing Aid
 MOTOR: ___ Head control ___ Rolls over ___ Sits ___ Crawls ___ Walks
 USES: ___ Walker ___ Crutches ___ Braces ___ Wheelchair

Please describe any special positioning or other needs your child may have: _____

CAN COMMUNICATE WITH OTHERS USING:

Speech: ___ Words ___ Phrases ___ Sentences ___ Babbles ___ Gestures ___ Sign Language
 ___ Other (describe): _____
 Language spoken at home: _____

CAN UNDERSTAND WHAT OTHERS SAY: ___ All the time ___ Most of the time ___ Some of the time
 ___ Recognizes voices of family members.

TOILETING SKILLS:

___ Toilets independently ___ Diapers: ___ Cloth ___ Disposable
 ___ Currently being potty trained ___ Potty trained, needs assistance
 Frequency/Schedule: _____

How does your child indicate a need to use the toilet? _____

EATING HABITS:

Feeds self by using: spoon fork hands Requires feeding Bottle fed
Drinks from cup: with assistance by self

Special Diet: _____

If your child is difficult to feed, please describe any special assistance or adaptive utensils required for eating: _____

ALLERGIES: (Drugs, Food, Other) _____

BEHAVIOR: (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Shy | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Is sometimes destructive |
| <input type="checkbox"/> Plays alone | <input type="checkbox"/> Plays in groups | <input type="checkbox"/> Sometimes threatens others |
| <input type="checkbox"/> Adapts to new situations well | | <input type="checkbox"/> Sometimes hits, bites, or hurts self/others |
| <input type="checkbox"/> Adapts to new situations with difficulty | | <input type="checkbox"/> Sometimes attempts to run away |
| <input type="checkbox"/> Responds to correction well | | <input type="checkbox"/> Hyperactive and/or ADD |
| <input type="checkbox"/> Responds to correction with difficulty | | |

My child responds to separation from his/her parents by: _____

My child is best comforted by: _____

My child lets someone know what he/she wants or needs by: _____

My child becomes upset when/or does not enjoy: _____

How can we redirect inappropriate behavior? _____

These are a few of my child's favorite things: _____



You didn't ask, but I want you to know this, too: _____



LTE: SPECIAL NEEDS YOUTH GROUP

CATHOLIC ARCHDIOCESE OF ATLANTA
Saint Brigid Catholic Church
Annual Medical Release

Name of Student: _____ Date of Birth: _____

Address: _____

Home phone #: _____

Participant's Social Security Number: _____ (Required for treatment in most Hospitals.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical attention. I wish to be advised prior to any further treatment by the doctor and hospital. If you are unable to reach me, contact:

Emergency contact _____ Phone # _____

Relation to participant _____

If you are unable to reach parent/guardian or the emergency contact person, I hereby grant permission for the doctor and hospital to exercise professional judgment in treating participant.

Medical / Hospital Insurance Carrier _____

Name of Policy Holder _____ Relation to participant _____

Policy Number _____ Group Number _____

Signature of Parent / Guardian _____ Date _____

Father/Guardian's full name: _____

Social Security Number: _____ **Phone #:** _____

Home address: _____

Place of business/address: _____

_____ **Phone #:** _____

Mother/Guardian's full name: _____

Social Security Number: _____ **Phone #:** _____

Home address: _____

Place of business/address: _____

_____ **Phone #:** _____

(Both sides need to be complete and signed)

Name of Participant _____

Medications: My child is taking the following medication(s):

Description _____ Dosage _____

Description _____ Dosage _____

(EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS. PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM.)

I hereby grant permission for non-prescription medications to be given, if deemed appropriate.

Drug allergies _____

Other allergies / reactions (food, plants, insects, etc.) _____

List any other health problems / limitations that we need to be aware of _____

This Medical Release is good for the period of one year; beginning May 1, 2020 and ending May 1, 2021.

Photo Release

- ◆ I understand that promotional pictures (individual or group) will be taken at Life Teen/Edge Special Needs events. I give permission for my teen's pictures to be used for promotional materials (permission slips, newsletter, webpage, calendars, parish bulletin, social media, etc.) highlighting the event.

Signature of Parent / Guardian _____ Date _____

ASSUMPTION OF THE RISK RELATING TO COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person to person through respiratory droplets when an infected individual coughs, sneezes or speaks. As a result, government agencies at all levels and federal, state and local health agencies recommend social distancing and have placed limits on the congregation of groups of individuals.

St. Brigid Catholic Church has put preventative measures in place to reduce the spread of COVID-19; however, the parish cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending activities on the campus of St. Brigid could increase your risk and that of your children for contracting COVID-19.

While St. Brigid will make all reasonable efforts to lower the risk of COVID-19 exposure and spread at the parish, the parish is unable to provide any guarantee that students or their families will not be exposed to or infected by COVID-19.

By enrolling your child(ren) in and attending parish faith formation, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you, your child(ren) and or other family members may be exposed to or infected by COVID-19. It is expected that students and other family members will follow the preventative measures and guidelines implemented by _____ including not coming to the parish premises if demonstrating any signs or symptoms of COVID-19.

_____ Signature of Parent/Guardian	_____ Signature of Parent/Guardian	_____ Date
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Printed Parent/Guardian Names

Names of Students Attending Parish Events



Annual Media Release Form

Complete One Form per Child

Child's Name:

Date of Birth:

School Year

(where applicable):

Our parish and/or school, _____, uses images, interviews, and videos of our children for a variety of internal and external communications. Our forms of internal and external communications include but are not limited to: print, such as newspapers, bulletins, and newsletters; photographs and digital images; film and videos; web posts, web pages, and image carousels; social networking platforms including but not limited to Facebook, Twitter, and Instagram.

We follow the Archdiocese of Atlanta's [Social Media Policy and Guidelines for the Use of Social Networking Sites with Minors](#). Please see this resource for more information.

Please indicate below whether our parish and/or school has permission to circulate interviews, images, and/or videos of your child for all parish and/or school events for one year:

I hereby grant permission for the following parish and/or school, _____, to use images and interviews of my child, _____, for internal or external communications for **one year**. My child may be photographed and/or interviewed for *The Georgia Bulletin*, and other media outlets. I understand content may be reprinted in *The Georgia Bulletin* or other media for public dissemination, including but not limited to film; video; television; radio; newspapers such as *The Atlanta Journal and Constitution*; websites and online platforms; and social media networks including but not limited to Facebook, Twitter, and Instagram. I release and relieve the parish and/or school, and the Archdiocese of Atlanta, from any responsibility or liability for any claims arising from the publication or reproduction of any photographs or interview in any news or other media. I waive any and all right to inspect or approve the finished images, video, or printed matter that may be used in conjunction with any image or video, or to approve the eventual use for which it may be applied.

I understand that photographs, videos, and/or interviews are being done with the knowledge and approval of the parish and/or school, and that a signed release form is required for every participating individual.

NO, I do not want my child included in, nor my child's image used, in any internal or external communications. *This does not include Catholic School yearbooks or newspapers.*

Signature of Parent or Legal Guardian

Date

Print Name of Parent or Legal Guardian

Please contact your Parish Catechetical Leader or School Administration immediately to adjust your media release permissions.

FOR OFFICE USE ONLY: Supplant this release annually. Keep the most recent release until the child is 20.

THE ROMAN CATHOLIC
ARCHDIOCESE OF ATLANTA



Permission to Contact Youth

Complete One Form per Child

Child's Name: _____

Date of Birth: _____

Our parish and/or school, _____, follows the Archdiocese of Atlanta's [Social Media Policy and Guidelines for the Use of Social Networking Sites with Minors](#) for contacting youth via social media. We may also use text messages, email, and parish/school-approved online/virtual platforms to contact youth. Per this policy and guidelines, parents must be made aware of how social media and electronic communications are being used. *Parents must be told how to access the sites, and be given the opportunity to be copied on all material sent to their children.*

After receiving written permission to communicate with young people, Archdiocesan employees should be encouraged to save copies of conversations whenever possible, especially those that concern the personal sharing of a teen or young adult. Please reference the policy and guidelines for more information.

Please indicate below whether our parish has permission to contact your child:

I hereby grant permission for the following parish and/or school, _____, to contact my child, _____, for internal or external communications for **one year** via social media, email, text, and/or parish/school-approved online/virtual platforms. I understand I can request the same communications provided to my child, and that it does not have to be via the same technology (for example, if children receive a reminder via Twitter, parents can receive it in a printed form or by an email list).

NO, I do not want my child contacted or communicated with in any way.

Signature of Parent or Legal Guardian

Date

Print Name of Parent or Legal Guardian

Please contact your Parish Catechetical Leader/School Administration immediately to change these permissions.

FOR OFFICE USE ONLY: This form is to be kept for current year. Supplant annually until the child is 18.