**PARENT CONTRACT FOR SUMMER SESSION**

**Please check all conditions indicating your agreement of the terms for participating in the Summer Session:**

1. \_\_\_I understand that my child(ren) must attend EVERY day of the program and be present for the entire day. There will be no late arrivals and early pick-ups.
2. \_\_I will drop off my child(ren) no later than 8:45 a.m. in the church to start the session. If possible, I will remain and worship at the Mass with my child.
3. \_\_\_I understand that if my child does miss any portion of the Summer program***, for whatever reason***, alternative study/activities will be assigned OR, at the discretion of the Director of Faith Formation and Pastor, my child(ren) may be transferred to the year-round weekly program. In this case, the tuition I pay will be transferred to the year round program with a $50.00 processing fee.
4. \_\_\_I understand that my child(ren) and all parents are required to attend the five catechetical sessions outlined below (dates are to be determined and will be published no later than mid – August:

October, 2018 Advent Retreat January, 2018

Lent Retreat May, 2018

\_\_I will pay any additional fees for the Advent and Lenten Retreat, if required.

\_\_I further understand that I will be required to sign in (and out) at each of these activities to indicate the presence of my child(ren) **and myself** for the entire activity.

\_\_ I understand that if my child(ren) is unable to attend these sessions, alternative activities will be required. If my family misses more than one activity, I understand that my family will not be able to participate in Summer Sessions in the future. .

1. \_\_I understand that my child, if in 2nd and 8th grade and in the second year of sacramental preparation for First Communion and Confirmation respectively, is not eligible for this program.
2. \_\_I agree that my family will follow the seven precepts of the church.
   1. To attend Mass on all Sundays and Holy days of Obligation and rest from servile labor
   2. To fast and abstain on the days appointed by the church.
   3. To confess our sins as least once a year.
   4. To receive Holy Communion during the Easter season.
   5. Contribute to the support of the church
   6. Observe the laws of the church concerning marriage
   7. Participate in the church’s mission of the evangelization of souls.
3. \_\_I understand that I am the primary catechist of my child(ren). I understand that the programs at St. Martin of Tours do no take the place of that role, but are meant to facilitate the parent in their role as primary catechist.

PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PARENTAL/GUARDIAN CONSENT FORM AND***

***LIABILITY WAIVER***

Participant’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date: \_\_\_\_\_\_ Sex: \_\_\_\_\_\_

Parent/ Guardian’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ grant permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate at St. Martin’s Religious Education Summer Program. This activity will take place under the guidance and direction of parish employees and/or volunteers from St. Martin of Tours parish.

**July 16 – July 27th 8:45 am – 3:30pm**

**Contact: Josh Moldiz 301-990-8303**

**Barbara Kuhn 301-990-2556**

**Claudia Gatica 301-990-2556**

I recognize that participation in the St. Martin’s Religious Education Summer program my child will receive the true teachings of the Catholic Church. I further authorize any staff member or volunteer to obtain emergency medical or hospital care for my child should it become necessary during the course of the program. I authorize pictures and video of my child participating in this youth ministry activity to be used for ministry related purposes.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor (“participant”).

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Martin of Tours its officers, directors, employees and agents, and the Archdiocese of Washington DC, its employees and agents, chaperons, or representatives associated with these youth events, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Washington DC, its employees and agents and chaperons, or representative associated with the event for reasonable attorney’s fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**All Participants Must fill out Medical Form**