

Mater Dolorosa Catholic Church
8128 Plum Street
New Orleans, LA 70118
(504) 866-3669 Fax: (504) 866-2349

**First Communion and
Confirmation Students
Must bring a copy of their
Baptism Certificate for
Registration.**

PSR REGISTRATION FORM
School Year 2023 - 2024

Student's Name _____
Last First Middle

Child resides with _____ Male _____ Female _____

Child's date of birth: _____ Place of Birth: _____
Month Day Year

Baptism Church: _____ Date of Baptism _____
Name of Church Month Day Year

Address of Baptism Church: _____

Church of First Communion: _____

Student's E-Mail: _____ Cell Phone: _____

Grade: _____ School: _____

Birth Father's Name: _____ Religion _____

Address: _____ Phone: _____

Mother's Maiden Name: _____ Religion: _____

Address: _____ Phone: _____

Cell phone: Father _____ Mother: _____

Home e-mail address: _____

Please list any allergies: _____

Are you a registered parishioner of (select one)
_____ Mater Dolorosa or Other: _____

Emergency contact: _____
Full Name _____

Relation: _____ Phone: _____

I recognize that the education of my child in the Catholic Faith is a serious obligation. I agree to support the efforts of the teachers of Mater Dolorosa PSR Program in this task. I will assist my child with home study assignments and will attend MASS with my child. I will also acquaint myself with my child's progress and what my child is being taught.

Submit completed form and \$30.00 registration fee or \$40.00 for children preparing for First Communion or Confirmation, payable to **Mater Dolorosa Church.**

If you have any questions regarding registration or PSR Program, _____
please contact the office at 866-3669. Parent's Signature

Payment enclosed: \$ _____ Check Cash Date: _____



Photo Release

I _____, hereby give Mater Dolorosa Church permission to use my child/children's photograph in all its publications. I understand and agree that the photographs will become property of Mater Dolorosa and will not be returned.

I acknowledge that since my participation with Mater Dolorosa is voluntary, I will receive no monetary compensation.

Mater Dolorosa has my permission to edit, alter, copy, exhibit and publish this photo in their programs or publications (Clarion Herald) and I waive the right to inspect or approve the finished product. I also waive the right to royalties or other compensation arising or related to the use of the photographs, videos, etc.

I release Mater Dolorosa from all claims and demands which I, or any other person acting on my behalf.

I am at least 18 years of age, have read and fully understand the contents of this release.

Participants name: _____

Signature: _____

If under 18 years of age, guardian's signature: _____

Date: _____

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New Orleans – LA – 70118

Safe Environment Class

I _____, hereby authorize Mater
Dolorosa Church permission to teach my child
_____, safe environment.

I understand that I may attend the class with my child and
that all classes will be age appropriate.

Dated: _____

Signature: _____ Date: _____

Please Print your name: _____

ARCHDIOCESE OF NEW ORLEANS- MATER DOLOROSA CHURCH

PARENTAL/GUARDIAN COVID-19

CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____

Parish/School: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone : _____ Business phone: _____

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and as a result, social distancing is recommended. _____ Parish/School will follow state and local standards of conduct and has put in place reasonable preventative measures to reduce the spread of COVID-19 at its Parish/School activity (including but not limited to summer camp). However, even though such standards will be followed and reasonable measures put into place, Parish/School cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Parish/School activity could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and that my child(ren) and I may be exposed to or infected by COVID-19 by participating in the parish/school activity and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at _____ Parish/School may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Parish/School employees, volunteers, and program participants and their families.

Considering the foregoing, however, I, _____, grant permission for my child, _____, to participate in this parish activity that may require transportation to a location away from the parish site, notwithstanding the risks associated with the COVID-19 virus and group activities.

I confirm that there are no necessary changes to the Medical Information Consent form for my child that I previously submitted. If there are any necessary changes, I will complete another Medical Information Consent form.

I further agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to release, indemnify, hold harmless, and defend _____ Parish/School and The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents and representatives ("indemnitees") associated with the event arising from or in connection with the negligent acts or omissions of the indemnitees' in relation to prevention of the spread of the COVID-19 virus. I SPECIFICALLY ACKNOWLEDGE AND AGREE THAT I AM AGREEING TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE INDEMNITEES' FROM THEIR OWN NEGLIGENCE IN REGARD TO THE INDEMNITEES' NEGLIGENT ACTION AND/OR INACTION IN REGARD TO PROTECTION AGAINST THE COVID-19 VIRUS.

Signature: _____ Date: _____