

St. Andre Bessette Religious Education

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Note: Form and \$35 Fee may be dropped by the office or put in the collection. Label envelope "Religious Education"

2025-2026 Registration Form

Child's Name: _____ Sex: M F Date of Birth: _____

Home Address: _____ Grade: _____

Street Town Zip Code

Mother's Name: _____ Maiden: _____

Home Address: _____

Religion: _____ Email Address: _____

Home Phone: () _____ Cell Phone: () _____

Father's Name: _____

Home Address: _____

Religion: _____ Email Address: _____

Home Phone: () _____ Cell Phone: () _____

Marital Status: Married Separated Divorced Single Other _____

Other Children in the Program:

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Baptism: No Yes Date: _____ Church: _____ City: _____ State: _____

First Communion: No Yes Date: _____ Church: _____ City: _____ State: _____

Years of Religious Education: _____ Location: _____

Interested in being an Altar Server or Child of the Altar: No Yes (See back of Registration Form)

Any physical, learning, or medical needs/ concerns we need to be aware of:

List any Allergies here: _____

Additional people to call in case of an emergency if neither parent can be contacted and who have permission to pick up my child until further notified: (need at least two contacts; please list in order of which to call)

Name: _____ Phone: () _____ Relationship to child: _____

Name: _____ Phone: () _____ Relationship to child: _____

Name: _____ Phone: () _____ Relationship to child: _____

Name: _____ Phone: () _____ Relationship to child: _____

In the event of a Covid uprise will your child be attending in person or virtually? In Person Virtually

I give the right and permission to publish, without charge, a photograph(s) taken of my child. These photographs may be used in publications, including electronic publications, or in audiovisual presentations, promotional literature, advertising, or in other similar ways. Initial: _____ Yes No

Would you be interested in volunteering in the Religious Ed Program?

Teacher _____ Teacher's Aide _____ Special Events _____ No _____

Signature of Parent/Guardian: _____ Date: _____

OFFICE USE ONLY:

Registration Form Received on: _____

\$35 Registration Fee Paid on: _____ Cash Check # _____

*Diocese of Norwich
Office for Safe
Environments
199 Broadway
Norwich, CT 06360*

**NO GO TELL
Program**

"Opt-Out" Form

School Year Program Offered: **2025-2026**

Child's Full Name: _____

Child's Grade in the school year listed above: _____

School/Parish Religious Education Program: St. Andre Bessette Parish

City of School/Parish: Plainfield, CT

Please verify by initialing the following statements:

_____ The NO GO TELL Program was offered to my child.

_____ I do not want my child to participate in this Prevention Program.

_____ Materials regarding the topics to be discussed at this Prevention Program
were made available to me from the parish or school. (Parents are
asked to discuss this information with their child)

Name of Parent or Guardian: _____

(Please print clearly)

Signature of Parent or Guardian: _____ Date: _____

Please return this form to:

Name Adele Comeau Title Child Advocate/Safe Environments

Parish/School Name and Address: St. Andre Bessette Parish
10 Railroad Ave.
Plainfield, CT 06374

This form should remain on file at the child's school or parish

_____ Parent/Guardian omitted signing this form.

Signature of Pastor, Principal, or DRE/CRE _____



**DIOCESE OF NORWICH
VIDEO CONFERENCING PERMISSION SLIP
PROVIDING CONSENT & RELEASE OF CLAIMS**

2025-2026

Despite the COVID-19 pandemic, the Diocese of Norwich continues to serve the children and youth of (Add your church). In some instances, Parish program(s) are providing virtual programming and content for participants, whereby staff will facilitate program activities through online platforms. Such program(s) will use software, tools, and computer 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, programming, and potential content creation.

These platforms include virtual video conferencing. Completion of this Form indicates your consent and release for your child to participate in the program(s) and utilize the online applications for distance- based, virtual program purposes. Please be aware that each video conference application collects information about its users and has its own privacy terms and conditions to which users must adhere and which neither the parish nor diocese can control or assume responsibility. Please review these carefully before registering your child. Our commitment to keeping the children and youth we serve safe is always our number one priority. To that end, we will actively monitor participant activity. All online activities contemplated hereunder must also comply with the Diocese of Norwich- Office for Safe Environment Pastoral Code of Conduct as well as the Policy for Video Conferencing with Young People.

Permission to Participate:

I grant permission for my child-youth, _____ to participate
Child's name

in online Catechetical/Youth Ministry events during the 2025-26 church school year. All online classes, programs, events, etc. will be monitored by at least 2 safe environment certified adults at all times. I have read this Consent and Release Form and have had the opportunity to consider its terms and understand them. I verify that I have read and voluntarily agree to the terms and conditions of the Consent and Release Form - Policy for Video Conferencing with Young People. On behalf of my child and myself, I further hereby hold harmless, release and forever discharge the Diocese of Norwich and the Parish, along with their respective employees, agents, licensees, and legal representatives from, and shall indemnify them against, all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators or any other person(s) acting on my behalf or on behalf of my estate have or may have by reason of my Child's participation in the program(s) and through my authorization, consent and release herein. I have read this Consent and Release Form, I fully understand it, and I voluntarily agree to be bound by its terms. I represent and certify that I am the parent or legal guardian of the child named above.

Parent/Guardian Name: _____

Signature: _____

Email: _____ **Cell Phone:** _____

Address: _____ **City:** _____ **State:** CT

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Altar Server/ Child of the Altar Application 2025-2026

Altar Server: ☐
(Grade 3 or Higher)

Child of the Altar: ☐
(Grade K and Up)

Child's Name: _____ Grade: _____ Age: _____

Address: _____
Street Town Zip

Parent's Name: _____ Phone: _____

Email: _____

Altar Servers/ Children of the Altar are very important to the church and every parish is enriched through their dedication and service. It is a very important responsibility and requires sincere commitment.

As parents do you agree to support your child in the ministry to help him/her fulfill their commitment as an Altar Server/ Child of the Altar?

I _____ agree.
(Parent's Signature)

Date: _____

- ***All Altar Server applicants must be baptized Catholic students in grades 3 and above who have received their First Holy Communion.***
- ***All Children of the Altar applicants must be baptized Catholic students in grades K and above.***