# Cover Sheet

**Child's full legal name: _____**

I acknowledge that I have received and reviewed the Children's Choir Policies & Procedures Handbook for St. Anthony of Padua Catholic Church.

I understand and agree to the following:

- Parents/guardians (or their authorized designee) must physically walk each child into the rehearsal space at **drop-off**. Children may not be dropped off in the parking lot, narthex, or left unattended outside.
- Parents/guardians (or their authorized designee) must physically enter the rehearsal or choir area to **pick up** their child at dismissal. Children will not be released to walk outside alone or to meet an adult waiting in a car.
- Failure to comply with these requirements may result in my child's removal from the program.
- These policies are designed for the safety and well-being of all children and families.
- I understand that the handbook is not exhaustive and may be amended or clarified by parish leadership in consultation with Archdiocesan policies.

Parent/Guardian Name (Print): _____
Parent/Guardian Signature: _____
Date: _____

| Required Document | Parent Initials | Date | Staff Initials | Date |
|---|---|---|---|---|
| Policies & Procedures | | | | |
| 2025-2026 Registration | | | | |
| Participation Affidavit | | | | |
| Authorized Alternative Pick-up | | | | |
| ADOLV Photo Release | | | | |

**Date entered into Flocknote: _____**

**Saint Anthony of Padua**
**Children's Music Ministry**
**2025-2026 Registration**

Today's Date: _____ Parish Reg. #: _____

Family Last Name: _____ Family E-mail address: _____

Child's Last Name ***(if different)***: _____ Male / Female ***(Circle One)***

Child's First & Middle Name: _____ Date and Place of Birth: _____

| Baptism Circle No/Yes Date & Place: | First Communion Circle No/Yes Date &Place: | Confirmation Circle No/Yes Date & Place |
|---|---|---|
| | | |

Home/Mailing Address: _____ Apt.# _____ Zip _____

To whom and with what title should mail be addressed? _____

***PHONE NUMBERS (2 NUMBERS OR MORE REQUIRED)***

Home Phone#: _____ Mother's Work#: _____ Father's Work#: _____

Student's Cell#: _____ Mother's Cell#: _____ Father's Cell#: _____

Student's Email: _____ Mother's Email:_____ Father's Email:_____

Emergency Contact Name: _____ Relationship to Child: _____ Phone#: _____

Birth Fathers Name: _____
Religion: _____ Catholic Sacraments ***(Circle all received)*** : Baptism / Eucharist / Confirmation / Marriage

Birth Mother's Name: _____ Maiden Name: _____
Religion: _____ Catholic Sacraments ***(Circle all received)*** : Baptism / Eucharist / Confirmation / Marriage

Stepfather's Name: _____ Phone#: _____
***(If applicable)***
Religion: _____ Catholic Sacraments ***(Circle all received)*** : Baptism / Eucharist / Confirmation / Marriage

Stepmother's Name: _____ Phone#: _____
***(If applicable)***
Religion: _____ Catholic Sacraments ***(Circle all received)*** : Baptism / Eucharist / Confirmation / Marriage

PLEASE CHECK ALL THAT APPLY, CHILD LIVES WITH:

| | | | | |
|---|---|---|---|---|
| 2 parents at home ___ | Mother Deceased ___ | Father Deceased___ | Child(ren) with Mom___ | Child(ren) with Dad___ |
| *Divorced/Separated___ | Mom has remarried ___ | Dad has remarried___ | Child(ren) with adult other than parent___ | |

*Children of divorced parents must provide a copy of the court-certified custody section in the divorce decree. This is required to protect custodial rights of the parent.

PLEASE CIRCLE ALL THAT APPLY:

Does your child have any special Educational or Behavioral needs? Yes or No

Does your child have an IEP (Individual Education Plan) at school? Yes or No

Is your child adopted? *Yes or No (*If yes, adoption papers are required)

Does your child have allergies and/or take any prescribed medication? *Yes or No

*If yes, please describe: _____

What grade will your child be starting this August : _____ Child's age: _____ School: _____

Is your child enrolled in the schools music program: Yes // No

Does your child take private music lessons? If yes, what instrument? With whom? Where?: _____

_____

_____

Describe your child's musical interests? What does he or she listen to? What music do you listen to yourself in the home that they have overheard? _____

_____

_____

Please describe your own musical background: _____

_____

# Authorized Alternative Pick-up

**Purpose:** The Music Ministry Staff of St. Anthony of Padua is committed to providing a safe environment for all children. Children will only be released to pre-authorized adults, which include parents/legal guardians and any additional individuals designated in writing by the parents/legal guardians. Written authorization must be provided to the Music Ministry Staff in advance for any adult, other than a parent/legal guardian, who may pick up your child(ren). This includes both regular arrangements and emergencies. If written authorization is not on file, only parents/legal guardians will be permitted to pick up children. Failure by parents/legal guardians to pick up children in a timely manner may result in notification of the appropriate authorities, such as Child Protective Services.

Child's full legal name: _____

Full legal name of authorized adult: _____

Relationship to Child: _____ Phone: _____

Full legal name of authorized adult: _____

Relationship to Child: _____ Phone: _____

Full legal name of authorized adult: _____

Relationship to Child: _____ Phone: _____

Full legal name of authorized adult: _____

Relationship to Child: _____ Phone: _____

I hereby authorize the individual(s) listed above to pick up my child(ren) from the Music Ministry of St. Anthony of Padua. I understand that my child(ren) will not be released to any other adult without my prior written authorization. I further acknowledge that failure to provide timely pick-up may result in notification of the appropriate authorities, such as Child Protective Services.

Signature: _____ Date: _____

Printed: _____

# Participation Affidavit for Minors

Child’s full legal name: _____

I freely give my permission for above-named child(ren) to participate in Music Ministry sessions, activities, and to receive sacraments in the Roman Catholic Church at St. Anthony of Padua Roman Catholic Church in the Archdiocese of Las Vegas.

Father or Legal Guardian ☐ Married to Mother
☐ Full Custody ☐ Joint Custody

Signature: _____ Date: _____

Printed: _____

Mother or Legal Guardian ☐ Married to Father
☐ Full Custody ☐ Joint Custody

Signature: _____ Date: _____

Printed: _____

Archdiocese of Las Vegas

# MINORHOLDHARMLESS PARENTAL/GUARDIAN CONSENTFORM AND LIABILITY WAIVER

Child/Ward name ("Participant"):_____

Birth date:_____Sex:_____

Parent/Guardian's name:_____

Home address:_____

Home phone:_____Businessphone: _____

I/We,_____grantpermission for my/our child,
Parent/Guardian's Name

_____toparticipatein the below listed event/activity.
Child's/Ward's Name

I/We,_____ agree and acknowledge that this
Parent/Guardian's Name
event/activity will **NOT** takeplace underthe guidance, direction orsupervisionof Parish/School/Institution employees

and/or volunteers from _____.
Parish/School/Institution

A brief description of the activity follows:
Type of event/activity: _____

Date of event/activity: _____

Destination of event/activity: _____

Mode of transportation to and from event/activity: _____

(If using waiver for Multiple Events see p. 2)

As parent and/or legal guardian, I/we remain legally responsible for any personal actions taken by the above named child/ward ("participant"). As parent and/or guardian we will always have oversight, control and be fully responsible for the safety of said minor.

I/We agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to release and waive any and all claims for damages which I/we or our child may have so as to release and discharge in advance those parties hereinafter named and further agree to indemnify, forever hold harmless and defend The Roman Catholic Archbishop of Las Vegas, and His Successors, a Corporation Sole (The Archdiocese of Las Vegas), its officers, directors, employees, agents, volunteers, chaperones, and/or representatives, and the Parish/School/Institution

_____,
(Name of the Parish/School/Institution)
from any and all liability arising from or in connection with my child/ward attending/participating the event/activity or in connection with any illness or injury or cost of medical treatment in connection therewith, and I/we further agree to compensate the Parish/School/Institution and the Archdiocese, it's officers, directors, agents, volunteers, chaperones, and/or representatives associated with the event/activity for reasonable attorney fees and expenses arising in connection therewith.

**THIS RELEASE MUST BE SIGNED BY BOTH PARENTS/GUARDIANS**. If only one parent/guardian signs this ~~document, that parent/guardian presents and warrants to the Archdiocese tha~~t he/she is the sole custodial parent of the student participant with the authority to sign this waiver and release form.

Signature of Father: _____Date:_____

Signature of Mother: _____Date:_____

Parent(s) phone number in case of emergency: _____or_____

# Multiple Events Schedule

I/We **permit** my/ourchildtoparticipate in the following event/activities:

| Date | Activity | Location | Modeof Transportation |
|---|---|---|---|
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Signature:_____Date:_____

I/We **DO NOT** permit my/our child to participate in these events/activities:

Signature:_____Date:_____

# Archdiocese of Las Vegas

## RELEASE&AUTHORIZATION FOR PHOTO/VIDEO RELEASE (MINORS)

I (we), _____, on our own behalf and as the parent(s)/legal guardian(s) of my (our) minor child(ren),

_____ (full name) _____ (age),
_____ (full name) _____ (age),
_____ (full name) _____ (age)

do hereby consent and authorize the release, publication, dissemination, distribution, use and/or reproduction of any and all photographs/videos taken of my (our) child(ren) while participating in the _____,
by an employee, agent, representative or independent contractor of The Roman Catholic Archbishop of Las Vegas, and His Successors, a Corporation Sole and

_____
(Parish/School/Institution)

(collectively the "Archdiocese"). This release may include, but is not limited to playback on/through any media and social media outlets/platforms such as through YouTube, Instagram, Twitter, TikTok, Snapchat, Websites, Television, Cable stations and Satellite stations. This release and authorization form acknowledges that all photographs, negatives, positives, prints, video recordings and any reproductions (hereinafter "photos") shall constitute the property of the Archdiocese for any purpose determined by theArchdiocese in its discretion, in its sole and absolute discretion, in any manner and allmedia now or hereafter known without restriction as to alteration, without further notice or without any compensation or remuneration to me (us) or my child(ren).

I(we) waive any right to inspect or pre-approve the use of the photos, and acknowledge and agree that the rights granted in this Release are irrevocable.

**THIS RELEASE MUST BE SIGNED BY BOTH PARENTS/GUARDIANS**. If only one parent/guardian signs this document, that parent/guardian represents and warrants to the Archdiocese that he/she is the sole custodial parent/guardian of the minor participant with the entire authority to sign and execute this release and authorization form.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____