

Notre Dame of Mt. Carmel

CEDAR KNOLLS NJ

SHEPHERD'S CALL MINISTRY

Dear Parents,

Welcome to Shepherd's Call. The ministry looks forward to getting to know you and your child, and sharing our faith and love with your little one.

Please take a moment to read the following guidelines, as they will help us keep the ministry running smoothly:

- Children can be dropped off 10 minutes before Mass begins, at the Youth Ministry room located to the right on the lower level as you come into the building from the parking lot.
- Adults are required to sign-in and sign-out children on the weekly attendance sheet.
- Due to food allergies, snacks are not permitted.
- Comfort items such as blankets or stuffed animals are welcome, especially for the youngest children.
- If your child is in the process of potty training, we ask that you visit the restroom before your arrival. Please let the ministry know if your child is in training so we may assist your child, as needed.
- Please provide disposable diapers/wipes in a bag labeled with your child's name. A change of clothing is helpful.
- Children should be free of fever and illness for 24 hours before attending class.
- Visiting children will be accepted subject to available space and staffing.

Shepherd's Call will be in session each weekend except for holidays. In case of inclement weather, the program will be open subject to staffing; cancellation notification will go out via email. Please note the following Sundays we will not be in session:

- Easter Sunday
- Mother's Day Sunday
- Sunday of Memorial Day Weekend
- Sunday of July 4th Weekend
- Sunday of Labor Day Weekend
- Sunday after Thanksgiving Day
- Sunday following Christmas Day
- If New Year's Day falls on a Sunday

All of us look forward to working with your children!

Kelli White / kbankert@hotmail.com

Chris Liparini / cgliparini@gmail.com

Please Print...
Thanks!

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SHEPHERD'S CALL MINISTRY
Child Registration

Parent/Guardian: _____

Address: _____

Primary Phone/Cell: _____

Email Address: _____

List all the children in your family who will be attending Shepherd's Call this year:

Child's Name: _____ Birth date: _____

Concerns/helpful information: _____

Child's Name: _____ Birth date: _____

Concerns/helpful information: _____

Child's Name: _____ Birth date: _____

Concerns/helpful information: _____

Consent: I release...

Parent Signature: _____

Date: _____

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INDEMNIFICATION AGREEMENT

On this, the _____ day of _____, 20__ I have entered into the Indemnification Agreement below and have affixed my signature, signifying I have read and understand the significance of signing said Indemnification Agreement.

I understand by entering into this Indemnification Agreement, I am waiving the right that I or my child have or may have to make any and all claims against Notre Dame of Mount Carmel, and the Diocese of Paterson, its agents, servants and employees, for any injury that I or my child may incur while participating in the Child Care Ministry.

I further understand that my participation is at my own risk, and I agree to indemnify and hold Notre Dame of Mount Carmel, and the Diocese of Paterson, its agents, servants and employees harmless from any and all claims and/or liabilities which may arise as a result of my or my child's participation in the activity and program.

I further understand that Notre Dame of Mt. Carmel, and the Diocese of Paterson, and its liability insurance carrier, shall not be responsible for payment of any medical bills, expenses, costs, fees or damages which may result in connection with my or my child's participation in the program and activity. I further agree that I shall be solely responsible for payment of any such costs, expenses, damages and/or medical bills or fees which may accrue as a result of my or my child's participation in the activity and program, regardless of whether or not I maintain medical and/or liability insurance coverage for the benefit of myself or my CHILD. I further agree that I shall indemnify, DEFEND AND HOLD HARMLESS, THE MOST REV. ARTHUR J. SERRATELLI, S.T.D, S.S.L., D.D., BISHOP OF THE ROMAN CATHOLIC DIOCESE OF PATERSON, Notre dame of Mount Carmel, and the Diocese of Paterson, its agents, servants and employees, from any and all claims and liabilities INCLUDING BUT NOT LIMITED TO ATTORNEY'S FEES, which may accrue to any and all third parties as a result of our participation in the activity and program.

Parent/Guardian's Name _____

Child's Name _____

Parent/Guardian's Address _____

Parent/Guardian's Phone Number _____

Parent/Guardian's email address _____

Emergency Contact Name _____

Emergency Contact Phone _____

I have read and understand the above statements and hereby give voluntary consent for the waiver statement contained within *(Please sign in the appropriate location)*

I certify that I am 18 years of age or older

Name of Parent/Guardian – (please print)

Parent/Guardian's signature
(must be 18 years of age or older)

The Participant is under 18 years of age and I hereby give my consent as (please circle one)

PARENT GUARDIAN of the participant:

Name: – (please print)

Signature
(must be 18 years of age or older)