

# OUR LADY QUEEN OF PEACE

## RELIGIOUS EDUCATION PROGRAMS

SEPTEMBER 2020

MEMO

TO: Parents and Guardians of Religious Education Students, Sacramental Prep Students and Student Aides

FROM: The Archdiocese of Baltimore and OLQP Religious Education

Dear Parents and Guardians;

On Friday of last week, we received from the Archdiocese of Baltimore, additional "Guidelines for Reopening for In-Person Faith Formation." Included in those guidelines were several documents which require your signature. We have been instructed that these documents must be signed and on file in order for your child to participate in any programs at Our Lady Queen of Peace. The documents from the Archdiocese state, "If a child's parent refuses to sign this form, the child cannot participate in any in-person programs."

The required forms are:

- Assumption of Risk Form
- Waiver of Liability Form
- Parent Acknowledgement Form
- Student Registration Forms (which were sent to you in August or are available on the Parish website)

Attached to this memo are the noted forms. Please complete one set of forms for your family; be sure to include students in Religious Education Classes, First Communion Classes, Confirmation Classes and student aides.

Please return the forms to the Religious Education Office along with Religious Education Registration forms.

Kathy Shadrach

Debbie Boblitz

Directors of Religious Education

# *OUR LADY QUEEN OF PEACE*

## *RELIGIOUS EDUCATION AND SACRAMENTAL PROGRAMS*

### **Parent Acknowledgement and Agreement Regarding COVID-19 Protocols**

I \_\_\_\_\_ the parent/guardian of 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_ will follow Our Lady Queen Of Peace  
Parish requirements for in-person attendance. This includes any activities and events as permitted in by the parish  
whether on or off of parish property.

1. \_\_\_ I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein. I understand and agree that my child and I will comply with any other policies, procedures, guidelines, and rules that **OLQP** may deem appropriate to prevent the spread of COVID-19 at its facility.
2. \_\_\_ I understand that during this COVID-19 Public Health Emergency I will NOT be permitted to enter the **OLQP** facility beyond the designated drop-off and pick-up area located at **10003 Bird River Road** (except for emergency situations as contemplated below). I understand that this procedure change is for the safety of all persons present in the facility, and to limit, to the extent possible, everyone's risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein and that they cannot pick up my child unless they also have signed this form.
3. \_\_\_ I understand that IF there is an emergency requiring me to enter the **OLQP** facility beyond the designated drop-off and pick-up area I MUST wash/sanitize my hands before entering and wear a mask at all times. While in the facility, I must practice social distancing and remain at least six (6) feet away from all other people, except for my own child.
4. \_\_\_ I understand that in order to enter upon the facility premises my child must be free from COVID-19 symptoms. If, during the period of the scheduled program, any of the following symptoms appear my child will be separated away from the rest of the participants and people located in the facility. I will be contacted by **OLQP** staff as soon as possible, and my child MUST be picked up from the facility within thirty (30) minutes of being notified (or as soon as reasonably possible).

**Symptoms include: Cough, Shortness of Breath, Chills, Muscle aches, Headache, Sore Throat, Loss of taste or smell, Diarrhea, Fever of 100.4 degrees Fahrenheit or higher.**

Though many of these symptoms can also be related to non-COVID-19 issues, it is imperative that we proceed with an abundance of caution during this public health emergency. These symptoms typically appear two (2) to seven (7) days after being infected, so please take them seriously.

5. \_\_\_ I understand and agree that I am responsible for reporting to **OLQP** if my child, a family member with whom my child lives or I have been diagnosed with COVID-19, have symptoms of COVID-19, or otherwise have reason to believe they or I have contracted COVID-19. I further understand and agree that any child or parent/guardian who wants to enter **OLQP** before completing a fourteen (14) day self-isolation period must present the designated administrator with a medical professional's certification of good health that clears the individual for return. The medical certificate will be forwarded to Kathy Shadrach or Debbie Boblitz, Designated Administrators, who will consult with **OLQP** administration regarding whether the individual is able to enter the facility prior to completion of the 14-day period.
6. \_\_\_ I agree to wear a mask at all times while dropping off and picking up my child until notified otherwise

by **OLQP**.

7. \_\_\_ I understand that my child's temperature will be taken before he/she is allowed to enter the facility. If it is 100.4 or higher he/she will not be allowed to attend the program that day
8. \_\_\_ I understand that my child will be required to wash their hands using Centers for Disease Control and Prevention-recommended handwashing procedures as appropriate using warm running water and rubbing with soap for at least twenty (20) seconds.
9. \_\_\_ I understand the importance of complying with state, county or local stay-at-home orders and social distancing orders, even when outside of care, in order to control my own and my child's exposure in the local community.
10. \_\_\_ I will immediately notify administration if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 3 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.
11. \_\_\_ I acknowledge and agree that if my child is diagnosed with COVID-19, **OLQP** must notify the County Health Department and possibly the Maryland Department of Health.
12. \_\_\_ I acknowledge and agree to notify the parish administration if my child is to travel to another State with a positivity rate of greater than 10%.

**I certify below that I have read, understand, and voluntarily agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by *OUR LADY QUEEN OF PEACE* may result in termination of *OUR LADY QUEEN OF PEACE* permitting my child to attend in-person program. I acknowledge that enrollment of my child(ren) may be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.**

**Program: Sunday Religious Education Classes; First Reconciliation and First Communion Classes and Confirmation Classes**

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dear Parishioner/Participant of Religious Education programs;

During these times of the novel coronavirus, we here at **Our Lady Queen Of Peace** have been actively planning and working toward offering in-person ministries and activities. As permissible and consistent with applicable public health restrictions and guidance, we are continuing to resume some of our Parish ministries and programs. We also continue to remain committed whenever possible to offering our ministries and activities to those who cannot participate in person via remote offerings.

Although challenges created by the coronavirus continue to develop and change almost daily and much remains uncertain, we are certain of the following:

1. The health, safety, and welfare of every member of the Parish community is our highest priority.
2. The novel coronavirus (COVID-19) has been declared a worldwide pandemic by the World Health Organization (WHO). Medical knowledge regarding COVID-19 continues to evolve, but COVID-19 is reported to be extremely contagious and is believed to spread through person-to-person contact and/or contact with contaminated surfaces and objects, possibly even in the air. The exact methods for spread, contraction, and infection are unknown and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and/or death.
3. The measures we take to protect the community from COVID-19 will continue to be informed by the most up-to-date advice from federal, state, and local public health officials.
4. Even with the precautions and measures we implement, no one, including the Parish, can guarantee an environment without risk of the spread of COVID-19. It is simply not possible to do so. For more information about the nature of the virus, please visit <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.
5. In addition, minimizing the risk of COVID-19 spread or spread of any other disease is a shared responsibility. All members of the Parish community, including your minor child participant in our ministries and/or programs, must do their part. In addition to basic hand hygiene (frequent washing and sanitizing) and respiratory etiquette (not coughing into one's hand or in close proximity to others), this includes adhering to any measures that the Parish may deem appropriate, such as temperature checks, social distancing, wearing cloth face coverings, isolating or quarantining away from the Parish when required, and other precautionary measures. Your and your child's compliance are necessary not only for your own safety and the safety of your minor child but also for the safety of others. Participants should not report to Parish programs or activities if they have a fever or are exhibiting symptoms of COVID-19. For more information about symptoms, please visit <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.
6. If your child has any disability you think may require accommodations related to COVID-19 or if your child, because of underlying medical conditions, may be at increased risk, you should

contact the Parish to discuss further. Please contact the Religious Education Office by calling 410-686-3085 x 118 or e-mailing [kathy@olqpm.org](mailto:kathy@olqpm.org).

7. If your minor child returns to the physical Parish campus, there is an inherent risk that your child could be exposed to and contract COVID-19. By allowing your child to enter the Parish campus, you indicate your acknowledgement of and agreement to accept and assume this risk on behalf of your minor child.

In the meantime, we encourage everyone to stay safe and pray for those affected by this worldwide pandemic. We kindly ask that you sign and date where provided to indicate your understanding and acknowledgement of the contents of this letter. In signing below, you merely acknowledge that you have received and reviewed this document and that you understand the inherent risks associated with COVID-19 while being present on the Parish campus.

Sincerely,

\_\_\_\_\_

By my signature below, I acknowledge I have received the above warnings regarding the risks to my minor child of exposure to and contraction of COVID-19 while my minor child is present on Parish property and/or while participating in activities and ministries on the Parish property. I further acknowledge and agree that by allowing my minor child to be present on Parish property, I have assumed those risks on behalf of my child.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OUR LADY QUEEN OF PEACE**  
**Religious Education & Sacramental Preparation Programs**  
**PERMISSION & RELEASE AGREEMENT FOR MINOR PARTICIPANT**

Student Name: _____	Date of Birth: _____
Student Name: _____	Date of Birth: _____
Student Name: _____	Date of Birth: _____
Student Name: _____	Date of Birth: _____
Address: _____ City/State/Zip: _____	
Email Address: _____	Cell Phone: _____
Parent/Guardian: _____	Cell Phone: _____
Email Address: _____	Work Phone: _____

I hereby grant permission for my minor Child to participate in any and all activities associated with **Religious Education Classes & Sacramental Preparation Classes** facilitated by **Our Lady Queen of Peace** (the “Parish”), whether on Parish premises or at off-site locations from **(September 19, 2020) to (May 23, 2021)** (collectively, the “Activities”). In consideration of the opportunity for my Child to participate in the Activities, I knowingly and voluntarily on behalf of myself and my Child do hereby agree to forever **RELEASE, HOLD HARMLESS, AND INDEMNIFY Our Lady Queen of Peace** and the Archdiocese of Baltimore and each of its affiliate organizations, agents, governing board, departments, employees, officers, directors, volunteers, officials, representatives, agents, insurers, students, and other participants in the Activities (collectively, the “Archdiocese of Baltimore”) to the fullest extent permitted by law from any and all liability, claims, demands, and causes of action, including claims of negligence, arising out of or relating to any loss, damage, or injury (including illness or death) sustained in connection with or arising out of my participation in the Activities, including any and all actions taken by the Parish or the Archdiocese of Baltimore pursuant to this Permission & Release Agreement.

By my signature below, I understand and acknowledge that my Child’s participation in the Activities may involve risk of minor or serious injury, including illness, permanent disability, death, and/or economic losses that may result from my Child’s actions or inactions, the actions or inactions of others, and the inherent risks of the Activities. I further understand and acknowledge that the Activities may involve outdoor activities, including but not limited to exposure to sun and other elements, and changing environmental conditions due to inclement weather, lightning, wind, or temperature. I fully understand, appreciate, and hereby assume all such known and unknown dangers and risks related to my Child’s participation on behalf of my Child and I voluntarily elect to allow my Child to participate in the Activities.

I understand that my Child’s participation in the Activities may require a minimum level of fitness for safe participation, and the Parish and the Archdiocese of Baltimore do not screen, medically or otherwise, individuals that participate in the Activities. I acknowledge that it is my sole responsibility

to make certain that my Child is physically fit and healthy enough to participate in the Activities. By allowing my Child to participate in the Activities, I confirm that my Child does not have an elevated temperature and has not otherwise exhibited any symptoms related to COVID-19 as identified by the Centers for Disease Control and Prevention (CDC). In the case of a health emergency or need of urgent healthcare, after a reasonable effort has been made to contact me and any below-named emergency contact(s) (or if the urgency of the circumstances does not allow for an attempt to contact me or any below-named emergency contact(s)), I authorize and consent to any medical care deemed necessary for my Child's health and safety during the Activities.

**The following emergency contact(s) have permission to pick up my Child and to make decisions regarding my Child on my behalf if the Parish or the Archdiocese of Baltimore is unable to contact me:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

If any provision or provisions of this Release Agreement are determined to be invalid or unenforceable, either in whole or in part, the parties agree that the invalid or unenforceable provision will be modified to the minimum extent necessary to render it valid and enforceable, so that the rights and obligations of the parties to this Release Agreement are preserved to the fullest extent permitted by law.

**I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED CHILD, HAVE READ THE FOREGOING PERMISSION & RELEASE AGREEMENT AND ANY ACCOMPANYING ATTACHMENTS, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY, WILLINGLY, AND VOLUNTARILY.**

**X**  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Signature