

**Prince of Peace Parish
Religious Education/Sacramental Registration Form**

Classes will be held on Tuesday evenings: 6:15 p.m. – 7:30 p.m. in the Prince of Peace Parish Center, Linwood. Classes will be starting on Tuesday, September 13th. Sacrament Classes will begin several weeks after Faith Formation Classes. A calendar of the Religious Education program will be made available by September 13th. Please drop completed form in collection basket, take to Parish Office, or mail to 315 W Center St, Linwood, MI 48634.

Registration Fee: \$25 for one child, \$50 for 2 or more children. If you need financial assistance, please contact the parish office at 989-697-4443.

FAMILY NAME _____

Mother's Name: _____ Religion: _____

Mother's Maiden Name: _____

Address: _____

Phone: Home# _____ Cell # _____

Email: _____

Father's Name: _____ Religion: _____

Address: _____

Phone: Home# _____ Cell # _____

Email: _____

Who does your child live with? Both parents Joint Custody Dad Mom Other

Are you registered at Prince of Peace parish? yes no, what parish? _____

Name of others who may pick up your child: _____

EMERGENCY CONTACTS (Other than parents)

Name/Relationship _____ Phone # _____

Name/Relationship _____ Phone # _____

PLEASE COMPLETE THE CHILDREN'S INFORMATION ON THE BACK

Prince of Peace Parish
Religious Education/Sacramental Registration Form

Child's FULL Name _____

Birthdate and Place of Birth _____

School child attends _____ Grade _____

SACRAMENTS RECEIVED

BAPTISM _____yes _____no RECONCILIATION _____yes _____no

CONFIRMATION _____yes _____no EUCHARIST _____yes _____no

Does your child have any medical, learning or social problems we should be aware of? _____yes (indicate below) _____no

Child's FULL Name _____

Birthdate and Place of Birth _____

School child attends _____ Grade _____

SACRAMENTS RECEIVED

BAPTISM _____yes _____no RECONCILIATION _____yes _____no

CONFIRMATION _____yes _____no EUCHARIST _____yes _____no

Does your child have any medical, learning or social problems we should be aware of? _____yes (indicate below) _____no

Child's FULL Name _____

Birthdate and Place of Birth _____

School child attends _____ Grade _____

SACRAMENTS RECEIVED

BAPTISM _____yes _____no RECONCILIATION _____yes _____no

CONFIRMATION _____yes _____no EUCHARIST _____yes _____no

Does your child have any medical, learning or social problems we should be aware of? _____yes (indicate below) _____no

Sacramental Preparation Classes: Please indicate if any of your children will be participating in the sacramental preparation classes for Reconciliation and First Eucharist.

**Prince of Peace Parish
Religious Education/Sacramental Registration Form**

MEDICAL TREATMENT RELEASE FORM

TO WHOM IT MAY CONCERN:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Family Information

Reason for which release is intended: PRINCE OF PEACE FAITH FORMATION PROGRAMS

Address of minor(s) _____ Phone _____

Emergency contact name: _____ Phone _____

Family physician: _____ Phone _____

Address: _____ City _____

Name of 1st minor: _____ Relationship to you _____

Name of 2nd minor: _____ Relationship to you _____

Name of 3rd minor: _____ Relationship to you _____

Please list any medical conditions, allergies, medication; contacts of other concerns below (Make sure to indicate about which child you are referring):

HEALTH INSURANCE DATA:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Parent/Guardian Signature: _____ Date _____

MEDIA RELEASE AUTHORIZATION

Prince of Peace Parish will not photograph, videotape and/or voice tape individuals in its programs without consent. This form allows you to make known your wishes. Please check the appropriate box below.

- I do give permission** for the personnel of Prince of Peace Parish to photograph, videotape and/or voice tape my child/children (or allow area news reporters to do the same) for any purpose.
- I do not give permission** for the personnel of Prince of Peace Parish to photograph, videotape and/or voice tape my child/children (or allow area news reporters to do the same) for any purpose.

Parent/Guardian Signature: _____ Date: _____