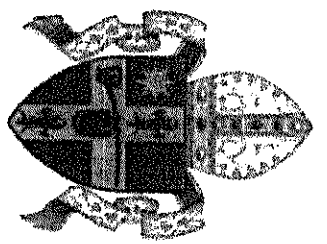


St. Patrick

Religious Education 2022 - 2023 Catholic Diocese of Peoria Participant Registration Form



Parish Name: _____
 Family Name: _____
 Parents' Names: _____
 Address: _____
 Email: _____

\$50 for the first child
 \$25 for any additional children

Children to be enrolled in Religious Education and their grade levels (K-8) for the
 UPCOMING YEAR of school

CHILD'S NAME	DATE OF BIRTH	GRDE IN 22 - 23	KNOWN ALLERGIES & MEDICAL INFO WE NEED TO BE AWARE OF (including current medications)	SACRAMENTS RECEIVED (Baptism, 1st Reconciliation, 1st Communion) *If Sacraments received outside of St. Ambrose / St. Patrick, please provide the proper parish*

General Permission

I request that my child(ren) listed above be allowed to attend Religious Education located at _____ for the duration of the 2022 - 2023 school year. I hereby release and agree to indemnify and hold harmless the parish, it's staff and their employees and agents, volunteers, and the Catholic Diocese of Peoria from any and all liability, for injuries, damages, medical expenses or any other loss to my child or family, including attorney fees, arising from claims of any kind whatsoever from my child's participation in this program.

Medical Permission Form

I grant permission for the administration of First Aid to my child(ren) listed above by the people in charge of Religious Education at _____, to sign the necessary releases as may be required, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent / guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

Insurance Information

Policy Holder (in the name of): _____

Insurance Company: _____

Policy Number: _____

Authorized Physician: _____

Authorized Hospital: _____ Phone #: _____

Emergency Contact: _____

Relationship to the Child: _____

Phone #: _____

Videotaping and Still Photographs

Videos, still photographs and audio recordings may be taken during Religious Education. This authorization form constitutes permission for my child(ren)'s participation in videotaping, still photographs, and / or audio recordings, which may be used to future promotional efforts, including the Catholic Diocese of Peoria publications and websites.

Parent Signature: _____

Date: _____