

## St. Joseph, Pekin - Religious Education 2018-2019

### Catholic Diocese of Peoria Participant Registration Form

Family Last Name: \_\_\_\_\_

Fathers' Name: \_\_\_\_\_ Mothers' Name (Maiden) \_\_\_\_\_

Address: Street \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Child(ren) live with: \_\_\_\_\_ both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father

Religion of Parent: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

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	GRADE IN 2018-2019	KNOWN ALLERGIES & MEDICAL INFO WE NEED TO BE AWARE OF (including current medications)	Sacraments Received (Baptism, First Reconciliation, First Communion)
1)				
2)				
3)				
4)				
5)				

**Fees:**

1 Child            \$80.00

2 Children        \$130.00

3 Children        \$170.00

Four or More – No Additional Fees

***\$10.00 Late Fee applied after 8/1/18***

**Make Checks Payable to:  
St. Joseph Church**

Amount Due: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Amount Owe: \_\_\_\_\_

Paid by: Check ( ) # \_\_\_\_\_

Cash ( )

**OVER PLEASE**

**General Permission**

I request that my child(ren) listed above be allowed to attend Religious Education located at St. Joseph, Pekin for the duration of the 2017-2018 school year. I hereby release and agree to indemnify and hold harmless the parish, its 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 or nature 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 St. Joseph, Pekin, 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 Hospital: \_\_\_\_\_  
Authorized Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Videotaping and Still Photographs**

Video, 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 for future promotional efforts, including the Catholic Diocese of Peoria publications and websites.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_