

Religious Education 2019-2020

Catholic Diocese of Peoria - Participant Registration Form

St. Patrick's Church – 176 W. Union St. – Seneca, IL 61360

Registration Fees - \$45/one student or \$75/family

RETURN, WITH FEES, VIA COLLECTION BASKET OR VIA MAIL (attn: Mrs. Doloski) BY SEPTEMBER 1st

Family Name: _____

Parents' Names: _____

Address: Street _____

City, State, Zip _____

Phone: (Home) _____

(Cell) _____

Email: _____

Children to be enrolled in Religious Education and their grade levels (K-12) for the UPCOMING YEAR of school – pre/K must be four years old before 9/1/19:

CHILD'S NAME	DATE OF BIRTH (MM/DD/YYYY)	GRADE (2019-2020)	ALLERGIES/NECESSARY MEDICAL INFORMATION (including current medications)	SACRAMENTS RECEIVED (Baptism/Reconciliation/Communion)
_____	_____	_____	_____	_____
<input type="radio"/> Yes, Baptized at St. Pat's			_____	_____
_____	_____	_____	_____	_____
<input type="radio"/> Yes, Baptized at St. Pat's			_____	_____
_____	_____	_____	_____	_____
<input type="radio"/> Yes, Baptized at St. Pat's			_____	_____
_____	_____	_____	_____	_____
<input type="radio"/> Yes, Baptized at St. Pat's			_____	_____

IF YOUR CHILD WAS NOT BAPTIZED AT ST. PATRICK'S, PLEASE PROVIDE A COPY OF HIS/HER BAPTISMAL CERTIFICATE IF YOU HAVE NOT ALREADY DONE SO

General Permission

I request that my child(ren) listed above be allowed to attend Religious Education located at **St. Patrick's – Seneca** for the duration of the 2015-2016 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. Patrick's - Seneca**, 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.

Policy Holder (in the name of): _____

Insurance Company: _____

Policy Number: _____

Authorized Physician _____ Phone #: _____

Authorized Hospital: _____

Emergency Contact: _____

Relationship to child: _____

Phone #s _____

Insurance Information

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:** _____

Office Use Only Total Due: _____ Total Paid: _____ Check #: _____