

# Religious Education 2022-2023

## Catholic Diocese of Peoria Participant Registration Form



Parish Name: \_\_\_\_\_

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

Address: Street \_\_\_\_\_

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

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

Parents' Names: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

(Cell) \_\_\_\_\_

**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 22-23	KNOWN ALLERGIES & MEDICAL INFO WE NEED TO BE AWARE OF (including current medications)	Sacraments Received (Baptism, First Reconciliation, First Communion)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**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, 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, includ-

ing attorney fees, arising from claims of any kind or nature whatsoever from my child's participation in this program.

I grant permission for my child \_\_\_\_\_ to participate in the parish online Catechetical Formation Option under the supervision of our catechists and in communication with them.

**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 \_\_\_\_\_ Phone #: \_\_\_\_\_

Authorized Hospital: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone #s \_\_\_\_\_

**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: \_\_\_\_\_