

OUR LADY OF PEACE - RELIGIOUS EDUCATION 2011 - REGISTRATION FORM - 2012

FAMILY INFORMATION

Family Name: _____

Children live with:

Both Parents _____ Mother _____ Father _____ Other (name) _____

Address _____
city state zip

Home Phone _____ Cell Phone _____

Please PRINT very clearly...

Parent's email address: _____

FATHER _____
(first name) (last name)

Marital Status: Married _____ Single _____ Divorced/single _____ Divorced/remarried _____ Widower _____

Employer _____ Phone number _____

MOTHER _____
(first name) (last name) (MAIDEN NAME)

Marital Status: Married _____ Single _____ Divorced/single _____ Divorced/remarried _____ Widow _____

Employer _____ Phone number _____

What is the phone number you want us to call for emergency class cancelation, reminders and announcements:

Yes ___ No ___ Permission to photograph or videotape your child/children to be used in the parish bulletin, newsletter or parish website.

LEGAL GUARDIAN INFORMATION

Policy: Our Lady of Peace Religious Education Program presumes that both parents of a child have equal access to the child, even if the parents are divorced or separated. Thus, unless informed otherwise in writing and with adequate evidence that a parent is not permitted to have unqualified access to the child, the Religious Education Program will permit either to have access to the child while at the religious education site and will release the child from the site to either parent. If parents are separated, divorced, or deceased, or if this child lives with someone other than the natural parent, or if there are other special circumstances, please provide a description of this situation and provide legal papers if necessary.

OVER

"FOR OFFICE USE ONLY"

Registration Date _____

Special Sacraments Class _____

RE Grade _____

DAY _____

Time _____

**OUR LADY OF PEACE - RELIGIOUS EDUCATION
2011 - REGISTRATION FORM - 2012**

INDIVIDUAL STUDENT INFORMATION

Student Name _____ Home Phone # _____
(first) (middle) (last)

Student Address _____
(street address) (city) (state) (zip)

School Attending in September _____ Grade this fall _____

SPECIAL NEEDS INFORMATION: Challenges: learning, behavioral, medicines, illnesses (please explain): _____

CLASS SELECTION * Please check your choice

Tuesday 4:30pm ____ Tuesday 6:00pm ____ Thursday 5:30pm ____ Saturday 9:00am ____

INDIVIDUAL STUDENT INFORMATION

Student Name _____ Home Phone # _____
(first) (middle) (last)

Student Address _____
(street address) (city) (state) (zip)

School Attending in September _____ Grade this fall _____

SPECIAL NEEDS INFORMATION: Challenges: learning, behavioral, medicines, illnesses (please explain): _____

CLASS SELECTION * Please check your choice

Tuesday 4:30pm ____ Tuesday 6:00pm ____ Thursday 5:30pm ____ Saturday 9:00am ____

OVER

Family Name _____

EMERGENCY RELEASE FORM

I grant permission to Our Lady of Peace for the administration of First Aid to (CHILDREN LISTED BELOW) by the people in charge as their judgment deems advisable, and to make the necessary referrals to qualified physicians for 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 communications would endanger life. In case of 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 (children). I agree to assume the financial responsibility for any treatment and medication. This release is in effect during published dates of Religious Education and subsequent events sponsored by the OLOP Religious Education program.

Please print	child's first and last name	birth date
Please print	child's first and last name	birth date
Please print	child's first and last name	birth date
Please print	child's first and last name	birth date

In case of emergency, please note any medical difficulties any of your children may experience (i.e. allergies to medication/food, heart or diabetic conditions, vision or hearing impairments, etc.) *Please note if child is presently taking medication.*

Doctor's Name _____ Phone _____

I do not wish to sign a medical release _____.

Signature of Parent/Guardian

Print parent/guardian name

Date

EMERGENCY CONTACT - Emergency contact must be different than that of the parent and home phone number and must be someone who can be reached during class time. In case of emergency, the parent home phone and cell phone will be called first.

Print emergency contact name

phone number

"FOR OFFICE USE ONLY"

Registration Date _____

Special Sacraments Class _____

RE Grade _____

DAY _____

Time _____

**OUR LADY OF PEACE - RELIGIOUS EDUCATION
2011 - REGISTRATION FORM - 2012**

FOR NEW STUDENTS ONLY

Student Name _____ Home Phone # _____
(first) (middle) (last)

Student Address _____
(street address) (city) (state) (zip)

School Attending in September _____ Grade this fall _____

SPECIAL NEEDS INFORMATION: Challenges: learning, behavioral, medicines, illnesses (please explain): _____

CLASS SELECTION * Please check your choice

Tuesday 4:30pm ____ Tuesday 6:00pm ____ Thursday 5:30pm ____ Saturday 9:00am ____

Birthdate _____ Birthplace _____ Sex: Female ____ Male ____

BAPTISM: Date _____

Church _____ City/State _____

If baptized at a parish other than Our Lady of Peace, please attach a copy of the baptism certificate. It must show the Church and location. If baptized at Our Lady of Peace, please give the date of the Baptism.

RECONCILIATION: Date _____ Church _____

COMMUNION: Date _____ Church _____

NEW or TRANSFER STUDENTS - PRIOR RELIGIOUS EDUCATION RECORD

None ____ Transfer from _____
(parish or school name)

Parish School _____

Parish RE Program _____
(street address) (city) (state)