

**OUR LADY QUEEN OF PEACE RELIGIOUS EDUCATION
REGISTRATION – 2016-2017**

Mailings should be sent to:	<input type="checkbox"/> Mr. & Mrs.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	(Check One)
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Family Name _____

Address _____

City _____ State _____ Zip _____

<u>Father</u>
First Name _____
Last Name _____
Religion _____
Home Phone _____
Cell Phone _____
Email Address _____

<u>Mother</u>
First Name _____
Last Name _____
Religion _____
Home Phone _____
Cell Phone _____
Email Address _____

Child lives with	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Other _____
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Do both parents have legal access?	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Other _____
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Child's First/Middle/Last Name	Birth Date	Sex	Sacraments Received	2016-17 Grade	Allergies

Cost: \$15/child, \$30 family maximum. Financial assistance available for families needing help.

Check here if requesting financial assistance

EMERGENCY FORM

Where can parent/guardian be reached during class hours?

Mother _____ Phone _____

Father _____ Phone _____

Names of two (2) adults who will assume responsibility if parents cannot be reached:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Additional information about your child/ren that may be helpful for example, learning disabilities, physical disabilities, medical problems etc.

Name of Physician _____ Phone _____

Medical Insurance Company _____ Policy # _____

MEDICAL RELEASE

In the event that the undersigned, or my (our) authorized physician, cannot be reached and in the judgment of the Director of Religious Education or other person responsible for the program/group, there is a necessity for immediate examination and /or treatment of my child, I (we) hereby authorize any of the aforesaid personnel to obtain for my (our) child such medical services as are deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary.

Dates for which release is intended: September 1, 2016 to August 31, 2017

Signature of Parent/Guardian _____ Date _____

PHOTO PERMISSION FORM

The activities of the Religious Education program may be published on the OLQP website and social media. Photos are an important part of our electronic publication. Therefore, we want your permission to include photos of your child/ren. These are usually group photos with not names or other personal information.

Effective from September 1, 2016 to August 31, 2017

YES, I grant permission for OLQP Religious Education to publish my child's photograph.

NO, I would prefer that my child's image not be published at this time

Signature of Parent/Guardian _____ Date _____

FOR OFFICE USE ONLY:

Date Registered: _____

Check No: _____

Amount Paid _____

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Parental Volunteer Information

The continued success of the Religious Education program at Our Lady Queen of Peace rests on the involvement and participation of parents and other parishioners. We are all asked to give freely and generously of our time, talents, and treasure.

One parent from each family is asked to volunteer in some capacity, as the burdens of many activities cannot be successfully supported by the shoulders of a few. We will do our best to accommodate your preferences and to incorporate your particular talent, experience and knowledge in the most appropriate way.

Please reflect upon your own skills and abilities, and take a moment to let us know the area or activity below in which you will assist during the coming Religious Education year.

Religious Education Volunteer Opportunities	Father/Parent	Mother/Parent
Catechist (2017-2018)	<input type="checkbox"/>	<input type="checkbox"/>
Substitute Catechist	<input type="checkbox"/>	<input type="checkbox"/>
Teacher Assistant	<input type="checkbox"/>	<input type="checkbox"/>
Room Parent	<input type="checkbox"/>	<input type="checkbox"/>
Guest Speaker (special events)	<input type="checkbox"/>	<input type="checkbox"/>
Special Talents Volunteer (Musical Instrument/Vocal Talents)	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal Program Volunteer (e.g. Advent, Lent)	<input type="checkbox"/>	<input type="checkbox"/>
Bake Sale (donations)	<input type="checkbox"/>	<input type="checkbox"/>
Bake Sale (volunteer)	<input type="checkbox"/>	<input type="checkbox"/>
Prayer Warrior for Sacrament Children	<input type="checkbox"/>	<input type="checkbox"/>
Other Faith Formation Volunteer Opportunities	<input type="checkbox"/>	<input type="checkbox"/>