

Prince of Peace Catholic Church

Religious Education Registration Pre-K through 5th

Pledge: As I sign my child up for the Religious Education classes, I understand the importance of my role in developing a solid faith foundation for my child and family. At _____'s Baptism, I promised to bring my child up in the Catholic faith. I vow to teach him/her to pray. I vow to teach him/her how to serve. I vow to attend mass weekly as a family. Lastly, I promise to be an active example of Christ for my family and community.

X _____

Student Information

	<i>Child One</i>				<i>Child Two</i>			
Last Name								
First Name								
	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
DOB	/		/		/		/	
Grade Level								
Sacraments Received	Baptism	<input type="checkbox"/>	Reconciliation	<input type="checkbox"/>	Baptism	<input type="checkbox"/>	Reconciliation	<input type="checkbox"/>
	First Holy Communion	<input type="checkbox"/>	Confirmation	<input type="checkbox"/>	First Holy Communion	<input type="checkbox"/>	Confirmation	<input type="checkbox"/>
Place of Baptism	(Church)				(Church)			
	(City, State)				(City, State)			
Child lives with?								

*PLEASE SEE ALTERNATE PAGE FOR ADDITIONAL STUDENTS

Parent/Guardian Information

	<i>Father</i>				<i>Mother</i>			
Last Name								
First Name								
Street Address								
City, State, Zip								
Preferred Phone #								
Alternate Phone #								
Email Address								
Religion								
Parishioner?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Fingerprinted in Diocese?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Safety Environment Training?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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Additional Students' Information

	<i>Child Three</i>				<i>Child Four</i>			
Last Name								
First Name								
	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
DOB	/ /		/ /		/ /		/ /	
Grade Level								
Sacraments Received	Baptism	<input type="checkbox"/>	Reconciliation	<input type="checkbox"/>	Baptism	<input type="checkbox"/>	Reconciliation	<input type="checkbox"/>
	First Holy Communion	<input type="checkbox"/>	Confirmation	<input type="checkbox"/>	First Holy Communion	<input type="checkbox"/>	Confirmation	<input type="checkbox"/>
Place of Baptism	(Church) (City, State)				(Church) (City, State)			
Allergies								
Medical Notes								
Child lives with?								

	<i>Child Five</i>				<i>Child Six</i>			
Last Name								
First Name								
	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
DOB	/ /		/ /		/ /		/ /	
Grade Level								
Sacraments Received	Baptism	<input type="checkbox"/>	Reconciliation	<input type="checkbox"/>	Baptism	<input type="checkbox"/>	Reconciliation	<input type="checkbox"/>
	First Holy Communion	<input type="checkbox"/>	Confirmation	<input type="checkbox"/>	First Holy Communion	<input type="checkbox"/>	Confirmation	<input type="checkbox"/>
Place of Baptism	(Church) (City, State)				(Church) (City, State)			
Allergies								
Medical Notes								
Child lives with?								

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Religious Education Volunteer Registration

We are so excited about starting up Religious Education classes for our 2017-2018 school year! Our goal is to make the best program for your kids. We hope to use every opportunity we have to build up a solid faith foundation that the whole family can enjoy!

So . . . We need your help!

How Can You Help?

Please choose one of the following by placing a check in the corresponding box.

Weekly Opportunities

Catechist

(Sunday)

Classroom Assistants

(Sunday)

Office Aids

(Sunday-Friday)

Hall Monitors

(Sunday)

Classroom Parent

(Sunday)

Facilitate a provided lesson each week, coordinate with classroom parents for special activities

Help teacher prep crafts, snacks, games, etc. each week in the classroom

Help out in the office with coordination, special events, teacher prep, organization, etc.

Greet children and parents, direct bathroom and office visits, run last minute paperwork to classrooms, etc.

Organize classroom holiday parties, promote attendance with other parents, prepare snacks on special days, and help coordinate class service projects around the church and community.

Supervise and entertain the children of volunteers

Child Care

(Special events)

Monthly Opportunities

Children's Mass

(1st Sunday of the Month, 9am)

Children's Liturgy of the Word

(Each Sunday except 1st, 9am)

Faith and Family Fun Nights

Help coordinate and promote family involvement at monthly children's mass

Lead children during the readings and homily with small activity for about 15-20 minutes

Help coordinate snacks, movies, crafts, etc. for once a month family style gathering

Communication Coordinator

Help spread the word of events, newsletters, phone calls, etc.

Once in a Blue Moon Opportunities

Substitutes

Occasionally step in for absent teacher or classroom assistant (lesson plans will be provided)

Decorating Team

(1st week of September, prior to holidays)

Decorating Religious Ed building, bulletin boards, or hall for seasonal, holiday, and family events

Retreat Helpers

Holiday/Celebrations Team

Help with execution on day of sacrament/family retreats. Help coordinate snacks, decorations, activities.

Name of Volunteer

Diocese of Orlando Parental/Guardian Medical Information & Consent Form

Participant's Name: _____ Date of Birth: _____
Address _____ City/State/Zip _____
Home Phone: _____
Father's Name: _____ Phone: _____
Mother's Name: _____ Phone: _____
Emergency Contact Name: _____ Phone: _____
Language Spoken by Emergency Contact: _____

Medical Matters

I hereby warrant to the best of my knowledge, all the information provided is true and correct and I assume all responsibility for the health of my child. I understand it is my responsibility to update the Medical Information & Consent Form if there are any changes to my child's health. (Please initial) _____

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital/clinic for emergency medical or surgical treatment. (Please initial) _____

Family Doctor _____ Phone _____

Medications

I hereby **Grant Permission** for my child to be given the following provided medications. All medications must be well labeled. [NOTE: Any/all prescription medications must be in original pharmacy container with young person's name on the prescription label. Non-prescription/over-the-counter medications must be in original container with young person's name on the container.] I release and hold harmless (entity name) _____, the Diocese of Orlando and any other religious, employees, volunteers, agents and representatives from any injury or harm resulting from administering the medication. (Please initial) _____

Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency, are as follows:

Medication: _____ Dosage: _____ Administer: _____
Medication: _____ Dosage: _____ Administer: _____
Medication: _____ Dosage: _____ Administer: _____

Medical Conditions Information: (Reasonable steps will be taken to keep this information confidential, but it will be shared with Diocesan personnel and others, as warranted.)

My son/daughter:

- Is allergic to the following medications _____
- Has had an episode of the following or has been diagnosed with: Seizures Asthma Diabetic
- Has had allergic reactions to the following (foods, dyes, latex, etc.) _____
- Has had a medical surgery within the last six months? Yes No Still under doctor's care? Yes No
- Has a medically prescribed diet (please explain) _____
- Has the following physical limitations _____
- Immunizations current and up to date? Yes No Date of last tetanus/diphtheria immunization _____
- You should also be aware of these special medical conditions of my child: _____

Insurance Information

No, I do not carry medical insurance at this time.

I do carry medical insurance at this time.

Insurance Carrier: _____ Name of Insured: _____

Insurance Policy Number: _____

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.

I fully understand the foregoing statements and sign this Medical Information & Consent Form knowingly, freely, and willingly.

Parent/Guardian Signature (must sign for any participant under 18 &/or 18 or older & in high school)

Date

4/2013

Diocese of Orlando
Parental/Guardian Photography And Image, Assignment & Release Consent Form

Participant's Name: _____ Date of Birth: _____
Address _____ City/State/Zip _____
Home Phone: _____
Parent/Guardian's Name: _____ Cell Phone: _____ Work Phone: _____

PHOTOGRAPHY AND IMAGE ASSIGNMENT, WAIVER, AND RELEASE

I, _____, for valuable consideration received, and for being allowed access to Diocesan property, activities, or events, expressly assign to (name of entity) _____ and the Diocese of Orlando, and to all of their current, former, and future agents and related entities (collectively, "the Diocese"), all rights, title and interest in, and to, the use of my and my child/ward's image or likeness, including, but not limited to all videotape recordings, photographs, or audio recordings of, or made by, me and/or my child/ward on Diocesan property, during a Diocesan-sponsored event, or for any other Diocesan purpose ("the Property"). The Diocese shall have, without my consent, the right to assign its rights in the Property, in whole or in part, to any entity, parish, or school within the Diocese of Orlando.

I hereby irrevocably grant the Diocese perpetually and exclusively, the right to use and incorporate (alone or together with other materials), in whole or in part, the Property, in any Diocesan publication, news release, or for any other purpose. Further, I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or distribution of the Property without limitation for any purpose whatsoever, and I further waive all rights to any compensation for my and/or my child/ward's appearance or participation in the Property. I understand and have been advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Office of Youth and Young Adult Ministry and/or the Diocese. Participants' names would not be identified, however, without specific written consent. I further understand that the Diocese has no control over the use of photographs or film taken by media that may be covering the event in which my child(ren)/ward(s) participate(s).

I hereby waive any claims against and release the Diocese, its current, former, and future religious, employees, volunteers, agents, and successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I and/or my child/ward may have against the Diocese in connection with the Property or the use of the Property.

This release shall not obligate the Diocese to use the Property or to use any of the rights granted hereunder, or to exhibit, distribute, or exploit the Property. I acknowledge that the Diocese cannot control all photographic access to its properties, and that my child/ward's name may be printed with photos/images in various publications, including non-Diocesan publications.

I represent that I am eighteen years of age or older, and that I have read and understand the terms of this Assignment, Waiver, and Release.

Signature of Parent/Guardian: _____

Date: _____