

# 2022-2023 St. Mary of Lourdes Faith Formation

## Catholic Diocese of Peoria Participant Registration Form

**PLEASE PRINT** (Full name = first, middle & last name)

Mother's Full Name: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Mother's Phone: \_\_\_\_\_

Father's Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Email: \_\_\_\_\_

**Children to be enrolled in Religious Education and their grade levels (PreK – 8) for the UPCOMING YEAR of school:**

CHILD'S FULL LEGAL NAME (first, middle, last) Include nicknames in parenthesis	DATE OF BIRTH	GRADE IN 2022-2023	KNOWN ALLERGIES & MEDICAL INFO	Sacraments Received (Baptism, 1st Reconciliation, 1st Communion)

### General Permission

I request that my child(ren) listed above be allowed to attend Children's Faith Formation located at St. Mary of Lourdes, Germantown Hills 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, including attorney fees, arising from claims of any kind or nature whatsoever from my child's participation in this program.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Medical Permission Form

I grant permission for the administration of First Aid to my child(ren) listed above by the people in charge of the Children's Faith Formation at St. Mary of Lourdes, Germantown Hills, 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 for the duration of the 2022-2023 school year. 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 for the duration of the 2022-2023 school year.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Insurance Information (MUST BE FULLY COMPLETED)

Policy Holder (in the name of):

\_\_\_\_\_

Insurance Company:

\_\_\_\_\_

Policy Number:

\_\_\_\_\_

Authorized Physician

Phone #:

\_\_\_\_\_

Authorized Hospital:

\_\_\_\_\_

## Videotaping and Still Photographs

Video, still photographs and audio recordings may be taken during Children's Faith Formation at St. Mary of Lourdes, Germantown Hills for the duration of the 2022-2023 school year. 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 for the duration of the 2022-2023 school year.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_