

CATHOLIC DIOCESE OF PEORIA RELIGIOUS EDUCATION 2024-2025



Participant Registration Form

Parish (<i>Name, City</i>):		City, State, Zip:	
Family Name:		Home Phone:	
Parents' Name:		Cell Phone:	
Address:		Email:	

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 M/D/YYYY	GRADE IN '24-25	KNOWN ALLERGIES & MEDICAL INFORMATION 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 2024-2025 school year. I hereby release and agree to indemnify and hold harmless the parish, its employees, staff, agents, volunteers, and the Catholic Diocese of Peoria, IL 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.

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 <i>(in the name of)</i> :			
Insurance Company:			
Policy Number:			
Authorized Physician:		Phone #:	
Authorized Hospital:			
Emergency Contact:			
Relationship to child:			
Phone #s <i>(Home, Cell, Work)</i>			

VIDEOTAPING AND STILL PHOTOGRAPHS

Video, still photographs and audio records may be taken during Religious Education. This authorization form constitutes permission for my child(ren)'s participation in videotaping, still photographs, and/or audio records, which may be used for future promotional efforts, including the Catholic Diocese of Peoria, IL publications and websites.

Parent(s) Signature: _____

Date: _____

OFFICE USE ONLY

Total Due: _____

Total Paid: _____

Check #: _____