

**Sts. Peter & Paul and St. Ursula Church
2021-2022**

Religious Education Registration Forms

Child(ren) Name: _____

Parent Name: _____

Means of communication

Email: _____

Text/Phone: _____

DISMISSAL INSTRUCTIONS

2021-2022

Child Name	Grade	May your child walk home without an adult?	Child may walk home with
-------------------	--------------	---	---------------------------------

1. _____

2. _____

3. _____

PRINT Parent's/Guardian's Name _____

Parent's/Guardian's Signature _____

Date Signed _____

SPECIAL MEDICAL CONDITIONS

Please include any special medical conditions such as: allergies, learning disabilities, difficulty with reading, ADHD, etc.

Child's Full Name	Medications (if needed)	Condition	Learning Disability Special Need
1. _____			
2. _____			
3. _____			

Procedure to be followed if above condition presents an emergency:

1. _____
2. _____
3. _____

IN CASE OF AN EMERGENCY: persons to be contacted if Parent/Guardian cannot be reached:

Name	Home Phone	Cell Phone	Relationship
1. _____			
2. _____			

DOCTOR FOR EMERGENCY:

Name _____
PHONE # _____ CELL # _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

In case of a **minor accident or illness**, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

In case of **serious accident or illness**, I authorize that the representatives of the parish catechetical program to **call 911 immediately**. I agree to assume the financial responsibility for any diagnosis, treatment and /or medication deemed necessary.

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

PRINT Parent's/Guardian's Name (circle one) _____

Parent's/Guardian's Signature (circle one) _____

Date Signed _____

**MEDIA RELEASE FORM
2021-2022**

I am the parent or legal guardian of: Child's name(s)

- 1. _____
- 2. _____
- 3. _____

and have the authority to sign this media release.

In consideration of my child's participation in the Religious Education Program of Sts. Peter & Paul and St. Ursula Parish, Archdiocese of New York, I agree that photographs, pictures, video, or other media coverage of my child may be taken in connection with his/her participation in the program and any related activities and consent to the use of such photographs, pictures, videos, or other media coverage on Sts. Peter & Paul and St. Ursula Parish, Archdiocese of New York's website or other materials produced by Sts. Peter & Paul and St. Ursula Parish, Archdiocese of New York.

I have carefully read this Release Agreement, fully understand its contents and sign it of my own free will.

PRINT Child's name	Child May Participate? (Indicate Yes or No)
1. _____	_____
2. _____	_____
3. _____	_____

PRINT Parent's/Guardian's Name (circle one) _____

Parent's/Guardian's Signature (circle one) _____

Date Signed _____

Attendance Acknowledgment 2021-2022

Our program consists of 30 (1hr & 30 min.) sessions beginning in September and ending in early June. If for some reason your child misses a Sunday session you will need to work out a suitable make-up arrangement with your child's catechist.

Possible solutions include:

1. Complete an at home lesson received from your child's catechist (either online or on paper).
2. Attend an after school session at the parish (first Tuesday of the month between 3:30-5:00pm).
3. Parents may suggest an alternative solution.

Multiple absences without fulfilled make-up alternatives will require a solution before a child can move onto the next level of the Parish Religious Education Program.

Print Parent's/Guardian's Name _____

Parent's/Guardian Signature _____

Date Signed _____