

2018-19 RELIGIOUS EDUCATION STUDENT REGISTRATION (page 2)

Registered members of Queen of Peace Parish? ___ Yes ___ No

Current Parish of Membership: _____

RE (Religious Ed) is our faith program for Grades 1-6

YM (Youth Ministry) is our faith program for Grades 7-12

Family Contact Information	Family Last Name: _____
Mother: _____	Father: _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
Occupation: _____	Occupation: _____
Religion: _____	Religion: _____

For ALL Parents:

SPECIAL CONCERNS/NEEDS:

Please let us know of any physical limitations, learning challenges, allergies and/or family circumstances (recent separation, divorce, death or illness). This will be kept confidential.

RE Parents:

CLASSMATE REQUESTS:

Youth Ministry:

Please indicate student's name and e-mail address:

Physician: _____	Phone: _____
Clinic/Hospital: _____	Phone: _____
Health Insurance Carrier (optional) _____	Policy or Group # (optional) _____
Medical Liability Release Statement: In the event that neither parent nor emergency contact can be reached, I give permission for an adult member of Our Lady Queen of Peace Catholic Parish Religious Education staff/volunteer corps to administer necessary first aid and/or transport my child(ren) (by ambulance if necessary) to the above mentioned clinic or associated hospital for medical care and treatments as deemed appropriate. I will not hold Our Lady Queen of Peace Catholic Parish, the Diocese of Madison, or any staff/volunteer liable for any injuries my child(ren) may incur while participating in this supervised program.	
Parent Signature: _____	Date: _____

Additional Contact (other than Parent): ___ Mailings should also be sent to this address

Name _____ Phone Number(s) _____
Address _____ City _____ Zip _____