

# Mary Queen of the Holy Rosary Religious Formation Registration Form (2-Years Old - 12th Grade)

Today's Date: \_\_\_\_\_

School Year: \_\_\_\_\_

Parent's Names \_\_\_\_\_ Address \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone # \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

Are you registered in the Parish? \_\_\_\_\_ Have you taken a Virtus Training Session? Yes \_\_\_\_\_ No \_\_\_\_\_

Which 2 Sundays are you available to help in class?

\_\_\_\_\_

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Name of Student	Date of Birth	Grade	School	Allergies / Special needs?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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Will your child(ren) be receiving any **Sacraments** this year? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please write their name(s) under the sacrament and provide the Sponsor/Godparent information below. Please let us know if you need assistance in choosing a Sponsor/Godparent.

Baptism <small>(any age)</small>	First Reconciliation <small>(2<sup>nd</sup> grade and older)</small>	First Communion <small>(2<sup>nd</sup> grade and older)</small>	Confirmation <small>(9<sup>th</sup> grade and older)</small>
_____	_____	_____	_____

Sponsor/Godparent \_\_\_\_\_ Contact Info: \_\_\_\_\_

If already baptized, have you submitted a copy of the child's Baptismal certificate? Yes \_\_\_\_\_ No \_\_\_\_\_

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### RELEASE OF LIABILITY/RESPONSIBILITY FORM

I, \_\_\_\_\_, give permission for my child(ren), \_\_\_\_\_ to participate in Mary Queen of the Holy Rosary Religious Formation classes and all its activities. I also give my permission to the adult volunteers; under the direction of my child's Program CRE, to give minor medical treatment (wash with soap and water, and bandage only) to my child in the event of accidental injury. I will not hold any CRE, Mary Queen of the Holy Rosary Parish, or the Catholic Diocese of Lexington responsible and/or liable for any illness and/or accidental injury to my child.

Parent's or Legal Guardian's Name (**print**) \_\_\_\_\_

Parent's or Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**PHOTO RELEASE FORM**

I understand that from time to time the Parish may wish to publish examples of student's projects, photographs of students, and other work and activities on an Internet accessible web page and other programs such as Parish bulletins, Church/Parish/School newsletters. Photos with six or more children will be exempt from withholding permission. If students are identified, this will be by first names only.

\_\_\_\_\_ My child's work **can** be published on the Internet and other programs such as Parish bulletins, Church/Parish/School newsletters, and photographs of my child can be published. I understand that if my child is identified, this will be by first name only.

\_\_\_\_\_ I would prefer that my child's work and photograph **not** be published on the Internet and other programs such as Parish bulletins and/or Church/Parish/School newsletters.

Parent's or Legal Guardian's Name (**print**) \_\_\_\_\_

Parent's or Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**If another adult is to pick up my child(ren) I will provide the name and information about the person. I understand that my child may not be released unless the program has written notification indicating the persons who will pick up my child.**

The following persons are authorized to pick up my child(ren) from school unless otherwise notified:

Name	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

My child(ren) may **NOT** be released to the following persons unless directed by Order of the Court or at my directive:

Name	Address	Phone #
_____	_____	_____
_____	_____	_____

Parent's or Legal Guardian's Name (**print**) \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>For Office Use Only</b></p> <p>Assigned to Program: _____ Room: _____</p> <p>cc: _____</p>
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