

Prince of Peace Parish  
**Catechesis of the Good Shepherd Registration**  
 2023-2024

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Legal or Custodial Parent \_\_\_\_\_ Mother's Name \_\_\_\_\_ Legal or Custodial Parent \_\_\_\_\_

Religion: \_\_\_\_\_ Religion: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

For routine correspondence, I prefer to be contacted by (check all that apply) : \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ My Parish App \_\_\_\_\_

Name and Information		Birth Date	Age	School	Grade	Baptized (yes/no)	Eucharist (yes/no)	Reconciliation (yes/no)	CGS Level / Day
Child:									
Any medical information or special needs we need to know?									
Child:									
Any medical information or special needs we need to know?									
Child:									
Any medical information or special needs we need to know?									

If I cannot be reached during an emergency, call \_\_\_\_\_ relationship \_\_\_\_\_ phone \_\_\_\_\_ for carpool purposes only

My child(ren) may also be released to \_\_\_\_\_ relationship \_\_\_\_\_

**My child/ren will be enrolled in Level 1 / 3-6 years old / Atrium Limit - 10 Children**  
 \_\_\_\_\_ Level 1 - Monday 10am-11:30am \_\_\_\_\_ Level 1 - Monday 4:30-6:00 pm \_\_\_\_\_ Level 1 - Wednesday 6:00-7:30 pm

**My child/ren will be enrolled in Level 2 / 6-9 years old / Atrium Limit - 15 Children**  
 \_\_\_\_\_ Level 2 - Monday 10am-11:30am \_\_\_\_\_ Level 2 - Monday 4:30-6:00 pm \_\_\_\_\_ Level 2 - Wednesday 6:00-7:30pm

**My child/ren will be enrolled in Level 3 / 9-12 years old / Atrium Limit - 15 Children**  
 \_\_\_\_\_ Level 3 - Monday 10am-12pm \_\_\_\_\_ Level 3 - Monday 4:30-6:00 pm \_\_\_\_\_ Level 3 - Wednesday 6:00-7:30pm

**Registration Fee: \$40/child or \$90.00/family** Please make checks payable to: Prince of Peace Parish \* Scholarships are Available \* \*Adult Volunteers—Child fees are waived\*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Volunteer \_\_\_\_\_ Check No/ Cash \_\_\_\_\_ Waiting List \_\_\_\_\_



# DIOCESE OF GRAND RAPIDS

## MEDIA RELATIONS/PROMOTIONS RELEASE FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

PHONE: \_\_\_\_\_

### RELEASE

***IF PERSON BEING USED IN THE MATERIAL IS UNDER 18 YEARS OF AGE, PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM.***

I/we give my/our permission to the Roman Catholic Diocese of Grand Rapids, Michigan, (the Diocese) and all entities, representatives, employees, and agents operating under its authority to use, without prior notice, my name or my minor child's name, city and state, and/or audio, video(s), photo(s), and/or any other likeness and to use statements made by or attributed to me or my child relating to the Diocese, without compensation, for web, social media, publicity or similar promotions for the Diocese. I waive my right to inspect or approve such publications, including any written copy that may be created in connection therewith. ***I/we agree that my/our signature(s) below releases any and all claims against the Roman Catholic Diocese of Grand Rapids, or its associated entities related to or arising out of the Diocese's use of the stated items as media relations/promotional material(s).***

Yes, I grant permission for release

No, I do not grant permission for release

Signature of Individual (if 18 or older): \_\_\_\_\_

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

\*\*\*\*\*

Name of Parent/Legal Guardian (print): \_\_\_\_\_  
(if individual is under 18 years old)

Signature of Parent/Legal Guardian: \_\_\_\_\_

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

If individual referenced above is under 18, please indicate your relationship to that person: \_\_\_\_\_

\*Once completed, please return this form to your parish/school administration office

**MEDICAL TREATMENT RELEASE FORM**  
Prince of Peace Parish, 1110 Dykstra Rd, N Muskegon, MI 49445

**ONE PER CHILD**

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition, which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of child: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Reason for which release is intended: **Children's Ministry Formation, Sacrament Sessions and Retreats, Vacation Bible School, and Special Events**

Address of Child: \_\_\_\_\_

Emergency Phone(s): \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

List allergies, medication, contact, or other pertinent comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health Insurance Data:**

Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Group: \_\_\_\_\_ Contract: \_\_\_\_\_

Company Address: \_\_\_\_\_

I further authorize the person who presents the minor to sign the Acknowledgement of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

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

Signed: \_\_\_\_\_  
(Parent or Guardian)

