Family Name										
Address										
Father's Name			Legal or Custodial Parent	Mother	Mother's Name				Legal or Custodial Parent	stodial Parent
Religion:				Religion:						
Email Address:				Email Address:	dress:		10			
Telephone: Home	Cell_			Telephor	Telephone: Home_			Cell		
For routine corr	respondence,	prefer to	For routine correspondence, I prefer to be contacted by (check all that apply) :	at apply) :	Ho	Home Phone	Cell Phone	one Email	<u>H.</u>	
Name and Information	Birth Date	Age	School		Grade In Fall	Baptized (yes/no)	Eucharist (yes/no)	Reconciliation (yes/no)	Confirmed? (yes/no)	Program Enrolling in*
Student:										
Any medical information or special needs we need to know?	now?									
Student:										
Any medical information or special needs we need to know?	cnow?									
Student:										
Any medical information or special needs we need to know?	now?									
* Programs available include: 1. High Sur	ligh School Disc Sunday's 6-8pm	ipleship	1. High School Discipleship Groups 9th – 12th 2. Mi Sunday's 6-8pm	iddle Sch Wedne	dle School Discipleshir Wednesdavs 6-7:30pm	2. Middle School Discipleship Groups 7th – 8th Wednesdays 6-7:30pm	ups 7 th – 8 th	3. Confirmation	3. Confirmation (7th grade and older)	older)
If I cannot be reached during an emergency, call	call				_relationship	hip			phone	
In addition to the above, my child can also be released to	e released to						relat	relationship		
I give permission: for my child(ren's) photograph and/or video to be taken in any event and to be displayed within the church and in church publication □ yes □ no Church Facebook □ yes □ no Church Instagram □ yes □ no for my child(ren's) work (art, essays, etc.) to be shared, displayed, and/or published □ yes □ no As Legal Guardian: I grant Theresa Andary, Youth Ministry Coordinator, permission to use Email, Parish Facebook Page, Parish Instagram, Zoom, WhatsApp, Discord, Texting and Calling with my child □ yes □ no	ograph and/or Church Face Ssays, etc.) to sy, Youth Mini	video to book be shall stry Coc	be taken in any event and yes □ no Church Instagra red, displayed, and/or pub ordinator, permission to use	to be disp am □ yes blished □ Email, P	played within □ no □ yes □ no arish Faceb	thin the chur no sebook Page	ch and in chu	ırch publication ıgram, Zoom, WI	□ yes □ no hatsApp, Discor	d, Texting and
Child's name and email address										
Child's name and email address										
Child's name and email address										

Continues on the Back!

Prince of Peace—Youth Discipleship Registration

reach out to you! In order for youth ministry to thrive we are in need of volunteers! Please circle which areas you would be interested in volunteering and someone will

l am interested in volunteering as: High School DiscipIship Group Leader	Middle School Discipleship Group Leader		Retreat Leader
Service Project Leader/Chaperone Social Events Chaperone	Confirmation Prep Facilitator	Hospitality (food donations, etc.)	etc.) Prayer Ministry
We are always looking for teen volunteers for many of the ministries at the parish! They can your teen is interested in and we'll talk to them! It is our hope to start a youth mass this year mass ministries!	istries at the parish! They co	an get service hours for Volu ear which means we'll need	get service hours for Volunteering! Please circle the ones which means we'll need teen volunteers for the different
My Teen is interested in volunteering as a: Mass Lector (Confirmed)	Altar Server	Music Ministry (Choir or Instrument)	nent) Usher
Mass Technology Office/Youth ministry Aid Middle Sci	Middle School youth group teen leader (9-12 grade)	2 grade) CGS Aid	VBS Volunteer
Registration Fee: \$40.00/child or \$90.00/family Pleas	e make checks payable to: Pri	nce of Peace with Youth Discipl	Please make checks payable to: Prince of Peace with Youth Discipleship Registration in the memo
* Scholarships are Available *	ble * *Adult Volunteer-	r—Teen fees are waived*	
Parent Signature	Date	Registe	Registered Parishioner Yes / No
Check No Cash			
olarships are A	se make checks payable to: Pri ble * *Adult Voluntee Date	nce of Peace with Youth Disciplor—Teen fees are waived* Registe	eship Registration in the memo

MEDICAL TREATMENT RELEASE FORM

Prince of Peace Catholic Church

ONE PER CHILD

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed <u>physician</u> 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.

-
Ministry Faith Formation, Social Events, Retreats, Youth Ministry Events
1 11 1100 11
tinent comments:
Policy:
Contract:
e minor to sign the Acknowledgement of Receipt of y the physician or health care facility.
my own free will with the sole purpose of authorizing opriate by the treating physician.
Signed:



MEDIA RELATIONS/PROMOTIONS RELEASE FORM

NAME:					_
ADDRESS:					
	Street	City	State	Zip	
PHONE:					_
		REI	LEASE		
	EING USED IN TH UST SIGN THIS F		UNDER 18 Y	EARS OF AGE, I	PARENT OR LEGAL
entities, represe name or my min to use statemen web, social med publications, inc signature(s) be its associated	entatives, employees nor child's name, city nts made by or attrib lia, publicity or simila cluding any written co low releases any a	s, and agents ope or and state, and/or outed to me or my ar promotions for opy that may be or ond all claims aga	rating under its r audio, video(s r child relating the Diocese. I created in conr inst the Roma	s authority to use, s), photo(s), and/o to the Diocese, w waive my right to nection therewith. an Catholic Dioce	an, (the Diocese) and all without prior notice, my or any other likeness and ithout compensation, for inspect or approve such I/we agree that my/out ese of Grand Rapids, or stated items as media
Yes, I gra	ant permission for re	lease			
No, I do	not grant permission	for release			
Signature of Individ	dual (if 18 or older):				
Date:	*******	******	******	******	*******
Name of Parent/Leg (if individual is und	gal Guardian (print): er 18 years old)				
Signature of Parent/	Legal Guardian:				
Date:					
If individual refe	erenced above is und	er 18, please indic	ate your relation	onship to that person	on:

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