

# Prince of Peace Faith Formation Registration

## FAITH FORMATION OFFERINGS

**CATECHESIS OF THE GOOD SHEPHERD**      *Level I ages 3-6   Level II ages 6-9   Level III ages 9-12*

Sunday 9am-10:15am    Monday 10am-12pm    Monday 4:30pm-6pm    Wednesday 6pm-7:30pm

**YOUTH DISCIPLESHIP**      *Confirmation Prep grades 7<sup>th</sup>+*      *High School grades 9<sup>th</sup>-12<sup>th</sup>*

Confirmation Preparation:    Monday 10am-12pm    Monday 4:30pm-6pm    Wednesday 6pm-7:30pm

High School Discipleship:    Sunday 12pm-2pm

## FAMILY INFORMATION

Family Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Registered at Prince of Peace: Yes \_\_\_\_\_ No \_\_\_\_\_

If No, what Parish is your family registered at? \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

(Circle) Legal or Custodial Parent

(Circle) Legal or Custodial Parent

Father's Religion: \_\_\_\_\_ Mother's Religion: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

In addition to the above my child(ren) can also be released to:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### CHILD #1

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Grade in Fall: \_\_\_\_\_ School: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

Baptized: Yes \_\_\_\_\_ No \_\_\_\_\_ Eucharist: Yes \_\_\_\_\_ No \_\_\_\_\_ Confirmed: Yes \_\_\_\_\_ No \_\_\_\_\_

CGS / Youth Discipleship Session Day/Time: \_\_\_\_\_

### CHILD #2

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Grade in Fall: \_\_\_\_\_ School: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

Baptized: Yes \_\_\_\_\_ No \_\_\_\_\_ Eucharist: Yes \_\_\_\_\_ No \_\_\_\_\_ Confirmed: Yes \_\_\_\_\_ No \_\_\_\_\_

CGS / Youth Discipleship Session Day/Time: \_\_\_\_\_

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**CHILD #3**

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Grade in Fall: \_\_\_\_\_ School: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

Baptized: Yes \_\_\_\_\_ No \_\_\_\_\_ Eucharist: Yes \_\_\_\_\_ No \_\_\_\_\_ Confirmed: Yes \_\_\_\_\_ No \_\_\_\_\_

CGS / Youth Discipleship Session Day/Time: \_\_\_\_\_

**CHILD #4**

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Grade in Fall: \_\_\_\_\_ School: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

Baptized: Yes \_\_\_\_\_ No \_\_\_\_\_ Eucharist: Yes \_\_\_\_\_ No \_\_\_\_\_ Confirmed: Yes \_\_\_\_\_ No \_\_\_\_\_

CGS / Youth Discipleship Session Day/Time: \_\_\_\_\_

**Media Release:** I \_\_\_\_\_ (Parent/Legal Guardian), 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, Church website, and Church social media. Yes \_\_\_\_\_ No \_\_\_\_\_

I \_\_\_\_\_ (Parent/Legal Guardian), give permission for my child(ren's) work (art, essays, etc.) to be shared, displayed, and/or published. Yes \_\_\_\_\_ No \_\_\_\_\_

**7<sup>th</sup>-12<sup>th</sup> Grade Only:**

**Permission to Contact child:** I \_\_\_\_\_ (Parent/Legal Guardian), give permission for the Youth Minister, Theresa Andary, permission to contact my child(ren) between 7<sup>th</sup> – 12<sup>th</sup> Grade via Email, Parish social media, Zoom, and WhatsApp. Yes \_\_\_\_\_ No \_\_\_\_\_

Child's Name &amp; Email: \_\_\_\_\_

Child's Name &amp; Email: \_\_\_\_\_

Child's Name &amp; Email: \_\_\_\_\_

Parent/Guardian's Name Print: \_\_\_\_\_

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

**REGISTRATION FEE:****\$40/child \$90/Family***\*\*For Parents who volunteer the Registration fee is waived\*\**

Payment can be made by Cash/Check/or via Online Giving

- Checks made payable to Prince of Peace with either CGS Registration or Youth Discipleship Registration in the memo.

We believe these faith-filled events are an important part of a student's faith formation, so no one will be denied participation due to financial hardship.

Please contact us to confidentially discuss your needs.

**OFFICE USE:**

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

Check \_\_\_\_\_ Cash \_\_\_\_\_ Online \_\_\_\_\_

Parent Volunteer: \_\_\_\_\_

**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 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:** Prince of Peace Faith Formation Classes, Retreats, & 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.

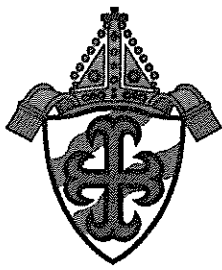
This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

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

**Signed:** \_\_\_\_\_

(Parent or Guardian)





# 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