2025-2026

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 7th+*** ***High School grades 9th-12th***

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**_____

7th-12th 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 7th – 12th Grade via **Email, Parish social media, Zoom,** and **WhatsApp. Yes** _____ **No**_____

Child's Name & Email: _____

Child's Name & Email: _____

Child's Name & Email: _____

Parent/Guardian's Name Print: _____

Parent/Guardian's Signature: _____ **Date:** ___ /___ /___

REGISTRATION FEE:	**OFFICE USE:**
$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.	**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

Updated 08-04-16
by Office of Communications, Diocese of Grand Rapids