

Prince of Peace Youth Discipleship Registration

FAITH FORMATION OFFERINGS

YOUTH DISCIPLESHIP *Middle School/Confirmation Prep grades 7th+* *High School grades 9th-12th*
Middle School/Confirmation Preparation: Sunday 12pm-2pm Monday 10am-12pm Wednesday 6pm-7:30pm
High School Discipleship: Sunday (every other) 6:30pm-8:30pm

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

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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 _____

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 _____

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 _____

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 _____

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:**\$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