

JESUS CHRIST, PRINCE OF PEACE RELIGIOUS EDUCATION REGISTRATION



To register, please fill out both sides and return.



CHILD'S NAME – First and Last	M or F	BIRTH DATE M/D/Year	A G E	G R A D E	SCHOOL Camanche=CA Clinton=C EH WT BL JF Fulton=F Northeast=NE	Fees E=\$50 MS=\$25 HS/CONFIR MATION FEES=\$50
FIRST CHILD – FIRST AND LAST NAME						
SECOND CHILD – FIRST AND LAST NAME						
THIRD CHILD – FIRST AND LAST NAME						
FOURTH CHILD – FIRST AND LAST NAME						

Family Mass Time: (Check one) ◇ Saturday, 5:00 PM ◇ Sunday, 8:00 AM ◇ Sunday, 10:30 AM ◇ Sunday, 6:00 PM

Father's Name _____ **Religious affiliation** _____
First Name Last Name

Mother's Name _____ **Religious affiliation** _____
First Name Maiden Name Last Name

Circle one: Married Divorced/Other (Please include address of both parents) Single/Sole-custody

Primary Address _____
Name Street City State Zip

Primary Phone _____ **Secondary Phone** _____

Family's email address _____

Secondary Parent/ Step-Parent (if applicable):						
_____	_____	_____	_____	_____	_____	_____
<small>Name</small>	<small>Address</small>	<small>City</small>	<small>State</small>	<small>Zip</small>	<small>Religious affiliation</small>	

Emergency Contact (Clinton/Gateway area) other than parent's

Name _____ **Phone** _____ **Relationship:** _____

The Faith Formation Office will use email as the primary source of communication. If you prefer to text, please include the **cell number and carrier** _____

Volunteers are needed to help throughout the year. If you can assist, please let us know your area.
 (Check all that apply.)

- Parish Mass Ministries on weekends
- Carline after class
- Birthday cards
- Tech. support

Payment plans can be arranged by contacting Brenda Bertram.

Please make checks payable to Jesus Christ, Prince of Peace Parish.

Drop off or mail before **September 8th** to Jesus Christ, Prince of Peace Attn. Brenda Bertram, 1105 LaMetta Wynn Drive, Clinton, Iowa 52732.

Please be sure to fill out the other side.

JESUS CHRIST, PRINCE OF PEACE RELIGIOUS EDUCATION REGISTRATION FORM



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IMPORTANT INFORMATION

Pick-up Concerns: If your family situation involves a family member or acquaintance who may NOT pick up your child/ren, you must give us that person’s name and description. Other arrangements may be made to pick up your child each week. Please put this information on a separate sheet of paper and return it with this registration.

Car Line Pick Up:

Please remind your children that they should only get into the car of the person designated to pick them up. Those who help load the vehicles do not know or recognize every driver in the line. Family car-line signs are a great help. We count on the children to know who they will leave with each night.

AGREEMENT with PHOTO & MEDICAL RELEASE

Code of Conduct:

I have read, reviewed with my child/ren, and agree with the “Code of Conduct” procedures.

Photo Release:

The Faith Formation Office may take pictures of my child/ren during the program. The photographs may be used for media and publicity unless I indicate to the Faith Formation Director, Brenda Bertram, of Jesus Christ, Prince of Peace Parish, to the contrary in writing.

Medical/Permission Release:

I request that the Religious Formation Program try to reach me or our emergency contact person if there is a medical emergency. If they cannot locate either party and/or the emergency is so extreme that there is no time for delay. In that case, the Religious Education staff may make whatever arrangements are necessary for emergency medical treatment, including calling an ambulance. I agree to pay for the ambulance. Also, should the ambulance be called and transportation to the hospital be found unnecessary, the rescue squad/ambulance personnel may release my child back to the person in charge of the Faith Formation Program until the emergency contact person, or I can be reached to transport home. (Please note – calling an ambulance is a rare occurrence.)

Signature of Parent/s: _____ **Date:** _____

List medical and other concerns, including asthma, hearing loss, seizures, allergies, vision problems, learning difficulties, IEP, etc.

Child’s name: _____ Medical/concern: _____

Second child’s name: _____ Medical/concern: _____

Third child’s name: _____ Medical/concern: _____

Please use additional paper if needed.

Please fill out both sides thoroughly.