

Due by September 15th, 2017

St. Peter the Apostle Catholic Church
Parish School of Religion (PSR)

Family Last Name: _____

Parent/Guardian: _____ Catholic? Y N Registered in parish? Y N

_____ Catholic? Y N Registered in parish? Y N

Home Address: Street _____

City _____ State _____ Zip _____

Phone Number: Home _____ Cell _____

Email Address: _____

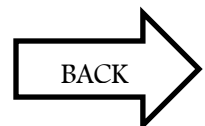
Emergency Contact: Name _____

Phone Number _____

Name of Student				
Grade				
School				
Birth Date	___/___/___	___/___/___	___/___/___	___/___/___
Baptized?*	yes no	yes no	yes no	yes no
Baptized at St. Peter?	yes no	yes no	yes no	yes no
Reconciliation?	yes no	yes no	yes no	yes no
Holy Eucharist?	yes no	yes no	yes no	yes no

*All 2nd Graders **must have** a copy of their baptismal certificate or proof of Baptism from Parish of Baptism on file with the St. Peter's Parish.

There is a **\$25** fee per child or **\$35** fee for a family who registers two or more children in the PSR program. Please make checks payable to "St. Peter's Catholic Church". Payments are due upon registering. You may drop the payment and registration form off in the Parish Offices, collection basket, or mail in to the Parish Offices. Due by **September 15, 2017**.



Insurance Company _____ Policy # _____

List any Allergies/ Present medical conditions/ Activity and/or food restrictions:

Student: _____ Allergy/Condition: _____ Contact lenses? _____
Student: _____ Allergy/Condition: _____ Contact lenses? _____
Student: _____ Allergy/Condition: _____ Contact lenses? _____
Student: _____ Allergy/Condition: _____ Contact lenses? _____

List current medications and dosage:

Student: _____ Allergy/Condition: _____
Student: _____ Allergy/Condition: _____
Student: _____ Allergy/Condition: _____
Student: _____ Allergy/Condition: _____

Medical Authorization:

I/We understand that the Catholic Diocese of Wichita and St. Peter the Apostle Parish assume no responsibility for accidents which may occur in association with diocesan events and activities. I/We agree to use my/our personal insurance to cover any such incidents. I/We understand that, in the event medical intervention is needed, every attempt will be made to contact the persons listed above. In the event those individuals cannot be reached, I/We hereby give permission to the physician or any other qualified medical staff selected by the event leader to hospitalize, secure medical treatment, and/or order injection, anesthesia or surgery for Participant as deemed necessary.

Permission for Other Medical Matters:

YES, in the event it comes to the attention of the diocesan and/or parish chaperones that my child complains of illness, I grant permission for non-prescription medication (such as Tylenol, lozenges, etc.) to be given to Participant.

Waiver:

I understand all reasonable safety precautions will be taken at all times by the Catholic Diocese of Wichita and St. Peter the Apostle Parish and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to indemnify and hold harmless the Catholic Diocese of Wichita and/or St. Peter the Apostle Parish, its leaders, employees and volunteer staff from any claim arising from or in connection with attending this event.

Code of Behavior:

I agree to abide by and/or instruct Participant to abide by all rules and regulations as outlined by the aforementioned chaperones/representatives. I agree that if I/Participant fail(s) to abide in any way by the rules, that I/Participant can be dismissed from the trip/event and sent home immediately at my/Participant's expense with no right of reimbursement or refund for any amount in connection therewith from the Catholic Diocese of Wichita and/or St. Peter the Apostle Parish or its chaperones/representatives.

Photo Release:

I hereby authorize the Catholic Diocese of Wichita, and its agents to utilize photographic and/or video images of me or my child by the Catholic Diocese of Wichita. In giving my consent, I hereby indemnify and hold harmless the Catholic Diocese of Wichita and its agents from any and all responsibility or liability. I understand that I will receive no compensation, should any photograph and/or video of me or my child be used.

Signature of Parent/Guardian _____ Date _____

I (We), the parent(s)/guardian(s) of _____, request that my (our) child(ren) be allowed to participate in the following activity(ies), and do hereby grant permission for the child(ren) named above to participate in this/these activit(ies):

Name of event: Parish School of Religion

Location of event: St. Peter the Apostle Catholic School

Time frame of event: PSR- Sundays beginning September 17 from 9:15am-10:15am and ending May 6, 2018.

Signature of Parent/Guardian _____ Date _____