

St Peter's Church - Our Lady of the Rosary

2020-2021 Registration Form - October 2020/June 2021

Student information (New Families: Please include a copy of the Baptismal Certificate)

First Name: _____

Last Name: _____

Date of Birth - mm/dd/yyyy: ____/____/____ Date of Baptism: ____/____/____

School grade in September: _____

Name of current / enrolled school: _____

Last grade completed in Religious Education or Catholic school: _____

Name of Parish where completed: _____

Total years of Religious education: _____

Special Health Needs

Does your child have any allergies or health issues?: ____

If yes, please provide detail: _____

Does your child carry an epi pen?: ____

Does your child have an IEP?: ____

Other relevant special needs or information: _____

Family information

Is your family registered with St. Peter's and Flocknote?: ____

Parent 1 First Name: _____

Parent 1 Last Name: _____

Home Address: _____

City: _____

State: ____ Zip code: _____

Email address: _____

Home Phone: _____ Cell: _____

Parent 2 First Name: _____

Parent 2 Last Name: _____

Home Address: _____

City: _____

State: ____ Zip code: _____

Email address: _____

Home Phone: _____ Cell: _____

Emergency person (other than parents): _____

Phone: _____ Cell: _____

For sacramental student family's only: (2nd & 8th grade)

As the parent of a Sacramental student in the Religious Education Program (2nd and 8th grade), I agree to follow and support all the requirements asked of our Sacramental families and the student entering into our Sacramental Program in the 2020-2021 year. This includes regular Mass attendance and using our method of recording Mass attendance weekly (faith cards for the 2nd graders) and 15 service hours for the 8th graders.

2020-2021 Parent Handbook Agreement:

As a parent of a student enrolled in St Peter's/Our Lady of the Rosary Religious Education Program, I have read and agree to follow and support all the policies set forth in the Parent Handbook.

Parent Signature: _____ Date: _____

MEDIA AUTHORIZATION AND RELEASE

I hereby consent to the taking of photographs for the church’s website of me or my children or children of whom I am the designated guardian.

Print Names of Children, Parent or Guardian

By St. Peter’s Church & Our Lady of the Rosary, the Archdiocese of New York and its parents, affiliates, trustees, directors, members, officers, employees, volunteers, agents, invitees, and contractors (the “parish”).

I forever grant, assign, and transfer to the parish any right, title and interest that I and/or my child/children may have in any images including negatives, taken of me and/or my children by the parish. I hereby agree to release, indemnify and hold harmless the parish from any and all claims, demands, actions or causes of actions, loss, liability, damage or cost arising from this authorization.

Print Name of Parent or Guardian

Signature of Parent or Guardian

Date

EMERGENCY FORM

Children's Last Name: _____

Home phone: _____

Home address: _____ City: _____

Mother's Name: _____ Phone/Cell: _____

Father's Name: _____ Phone/Cell: _____

Procedure to follow in case of an emergency (Please be specific):

Emergency Person to Contact should parent not be reached:

Name: _____ Phone/Cell: _____

Doctor for Emergency: _____ Phone: _____

IN case of an accident or illness, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician's instruction. If it is impossible to contact this physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

To the best of my knowledge all information given is accurate and complete. I hereby consent to and authorize the necessary procedure that has been stated above.

Parent/Guardian Signature

Date