Religious Education 2022-2023 Catholic Diocese of Peoria, IL Participant Registration Form St. Louis Catholic Church



Family (Last) Name:			Parents' Names:	Parents' Names:		
Address – Street:			City, State, Zip:	City, State, Zip:		
Father's phone:			Mother's phone:	Mother's phone:		
Email:						
Child(ren) to be enrolle	d in Religious Edu	cation for t	he upcoming year:			
Child's Name	Date of Birth	Grade in 2022/23	Known Allergies & Medical Information we need to be aware of (including current medications)	Sacraments Received (Baptism, Reconciliation, Communion)		
			<u> </u>	<u> </u>		
Emergency contact:			Relationship to child:			
Phone number for eme	rgency contact (hc	ome, cell, wo	ork):			

GENERAL PERMISSION

I request that my child(ren) listed above be allowed to attend Religious Education, including Catechesis of the Good Shepherd, Confirmation Preparation, Jr High & High School Youth Ministry, and/or Totus Tuus/Totus Tots, located at St Louis Parish for the duration of the year, September 1, 2022 – August 31, 2023. I hereby release and agree to indemnify and hold harmless the parish, its employees, staff, agents, volunteers, and the Catholic Diocese of Peoria, IL from any and all liability, for injuries, damages, medical expenses or any other loss to my child or family, including attorney fees, arising from claims of any kind or nature whatsoever from my child's participation in this program.

MEDICAL PERMISSION FORM

I, _____, grant permission for the administration of First Aid to my child(ren) listed above by the people in charge of Religious Education at St Louis Parish, to sign the necessary releases as may be required, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

INSURANCE INFORMATION

Policy Holder (in the name of):	Insurance Company:
Policy Number:	
Authorized Physician:	Phone #:
Authorized Hospital:	

VIDEOTAPING AND STILL PHOTOGRAPHS

Video, still photographs and audio records may be taken during Religious Education programs. This authorization form constitutes permission for my child(ren)'s participation in videotaping, still photographs, and/or audio records, which may be used for future promotional efforts, including the Catholic Diocese of Peoria publications and websites.

Parent(s) Signature: _____ Date: _____ Date: _____

Return form to: St. Louis Church, 616 S Gosse Blvd, Princeton, IL 61356 by September 3, 2022.

No one will be turned away due to inability to pay. Please contact Rebekah Mead for financial assistance, 815-303-2330.

One Child: \$30 Two Children: \$45 Three+ Children: \$60 Please make checks payable to: *St. Louis Church*

Religious Education 2022-2023 Session Registration Form/Weekly Schedule

Please indicate below your child's name and CGS level (1, 2, or 3) and which session(s) you would prefer. Registration for each session is on a first come, first served basis, but we will do our best to accommodate your choice. Please note that sacramental prep for 2nd grade and Confirmation prep for 7th and 8th grade are ONLY offered on Wednesday nights, 6-7:30.

Level 1: 3 years old – Kindergarten Level 2: 1st and 3rd grade Level 3: 4th-6th grade

	Tuesday	Wednesday	Thursday
3:30-5 PM	CGS Level 1 CGS Level 2	CGS Level 3	CGS Level 3
6-7:30 PM	CGS Level 1 CGS Level 2	2 nd grade Sacramental Prep 7 th grade Confirmation Prep 8 th grade Confirmation Prep	CGS Level 3

Child's Name & Level	1 st Choice	2 nd Choice	Not Available (if applicable)