



Religious Education 2023-2024

Catholic Diocese of Peoria Participant Registration Form

Office Use Only
Total Due: _____
Total Paid: _____
Check #: _____
Online: _____

Parish Name: St. Malachy Catholic Church, Geneseo, IL

Last Name: _____ Parents' Names: _____

Address: Street _____ City, State, Zip: _____

Phone: (Home) _____ (Cell): _____

Email: _____

Children to be enrolled in CCD and Confirmation Prep and their grade levels (K-9) for the UPCOMING YEAR of school:

CHILD'S NAME	DATE OF Birth	GRADE in 23-24	KNOWN ALLERGIES & MEDICAL INFO (including current medications)	Sacraments Received (Baptism, 1 st Reconciliation, 1 st Communion)

General Permission

I request that my child(ren) listed above be allowed to attend Religious Education located at **St. Malachy Catholic Church, Geneseo** for the duration of the 2023-2024 school year. I hereby release and agree to indemnify and hold harmless the parish, its staff and their employees and

agents, volunteers, and the Catholic Diocese of Peoria 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 CCD and Confirmation Prep Classes at **St. Malachy Catholic Church, Geneseo** 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: _____

Emergency Contact: _____

Relationship to child: _____

Phone Number: _____

Videotaping and Still Photographs

Video, still photographs, and audio recordings may be taken during CCD and Confirmation Prep Classes. This authorization form constitutes permission for my child(ren)'s participation in videotaping, still photographs, and/or audio recordings, which may be used for future promotional efforts, including the St. Malachy social media and parish websites as well as the Catholic Diocese of Peoria publications and websites.

Parent Signature: _____

Date: _____