

Mary Queen of the Holy Rosary
Religious Formation Registration
2015 - 2016

Fee: \$ 50 per child

STUDENT INFORMATION

Student's Name: _____ Date of Birth: _____ Grade: _____

Student's Primary Address: _____ Zip Code _____

Student's Phone Number: _____ Student's Email Address: _____

Student's Allergies/Special Needs _____

My student is a Baptized Catholic Yes or No Church _____ Date _____

My student has participated in First Holy Communion Yes or No

My student has participated in the Sacrament of Confirmation Yes or No

FATHER / GUARDIAN INFORMATION:

Name: _____

Primary Address: _____ Zip Code: _____

Phone #: _____ Email: _____

MOTHER / GUARDIAN INFORMATION:

Name: _____

Primary Address: _____ Zip Code: _____

Phone #: _____ Email: _____

RELEASE OF LIABILITY/RESPONSIBILITY:

I, _____, give permission for my student, _____ to participate in Mary Queen of the Holy Rosary Religious Formation Program and all its activities. I also give my permission to the adult volunteers; under the direction of my child's program coordinator, to give minor medical treatment (wash with soap and water, and bandage only) to my child in the event of accidental injury. I will not hold any staff, Mary Queen of the Holy Rosary Parish, or the Catholic Diocese of Lexington responsible and/or liable for any illness and/or accidental injury to my child.

Parent's or Legal Guardian's Name (print) _____

Parent's or Legal Guardian's Signature _____ Date _____

PHOTOGRAPHY AND VIDEO CONSENT:

I/We, the parent(s)/guardian(s) of this youth (print name) _____, authorize and give full consent, without limitation or reservation, to Mary Queen of the Holy Rosary Religious Formation Ministry, to publish any photograph or video in which the above named student appears while participating in any program associated with Mary Queen of the Holy Rosary Parish's Formation Ministry. There will be no compensation for use of any photograph or video at the time of publication or in the future.

Parent's or Legal Guardian's Name (print) _____

Parent's or Legal Guardian's Signature _____ Date _____

Student Pick-Up Release:

I understand that **students without a note written to the Formation staff, and, from their parent or guardian, prior to the event, will not be allowed to leave Formation activities, before the end of the event, or, with someone other than their parent or guardian.** I understand that this includes students who have earned a legal Driver's License.

The following persons are authorized to pick up my student from Mary Queen of the Holy Rosary:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

My student **may NOT be released** to the following persons unless directed by Order of the Court or at my directive:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Parent's or Legal Guardian's Name (**print**) _____

Parent/Legal Guardian's Signature: _____ Date: _____

TECHNOLOGY CODE OF CONDUCT ACKNOWLEDGMENT

Diocese of Lexington

Mary Queen of the Holy Rosary Parish

I hereby acknowledge that I understand that I am required to read the Catholic Diocese of Lexington Technology Code of Conduct, dated May, 16, 2011, and will read the code of conduct before participating or volunteering in any function or ministry of the Diocese of Lexington, Kentucky. I understand that the

Technology Code of Conduct can be found at

<http://home.catholicweb.com/maryqueen/index.cfm/NewsItem?id=223101> or that by request I will be provided with a copy. I understand that I may meet with my parish, school, or diocesan leadership to review the code., and review the information with my child. I understand that, upon request I may meet with my

Parish, School, or Diocese leadership to review the Code.

Printed Name of Student

Signature of **Student**

Printed Name of Parent/Guardian

Signature of **Parent/Guardian**

Witness

Date

CRE _____ **Teacher/Room** _____