

# St. Peter Chanel Religious Education 2016-17 Jubilee Music Class Registration

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## Family Contact Information

Family Name:	Family Email: <input type="checkbox"/> <i>Check if new</i>	
Address: <input type="checkbox"/> <i>Check if new</i>	City:	Zip:
Father's Name:	Father's Religion:	
Father's Cell Phone:	Father's Email:	
Mother's Name:	Mother's Religion:	
Mother's Cell Phone:	Mother's Email:	

## Emergency Contact During Jubilee Music

Emergency Contact #1:	Phone:	Relationship:
Emergency Contact #2:	Phone:	Relationship:

## Child Registration Information

Child #1		Child #2		Child #3	
Child's Name:		Child's Name:		Child's Name:	
Gender: (circle one) M F		Gender: (circle one) M F		Gender: (circle one) M F	
Date of Birth:	Age	Date of Birth:	Age	Date of Birth:	Age
Sacraments Received: <input type="checkbox"/> Baptism – Catholic / Other <input type="checkbox"/> Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation		Sacraments Received: <input type="checkbox"/> Baptism – Catholic / Other <input type="checkbox"/> Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation		Sacraments Received: <input type="checkbox"/> Baptism – Catholic / Other <input type="checkbox"/> Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation	
Date of last Tetanus/Diphtheria Booster:		Date of last Tetanus/Diphtheria Booster:		Date of last Tetanus/Diphtheria Booster:	
List any special needs including sensory processing, or pertinent information:		List any special needs including sensory processing, or pertinent information:		List any special needs including sensory processing, or pertinent information:	

**SOCIAL MEDIA RELEASE**

In the interest of promoting and chronicling activities, St. Peter Chanel Catholic Church often records with photographs, video, or other media, events and activities. Material may be shown in class, at other parish events or meetings, at educational workshops/conferences, and may be put on the website ([www.stpeterchanel.org](http://www.stpeterchanel.org)) or social media ([www.facebook.com/StPeterChanelPSR](http://www.facebook.com/StPeterChanelPSR), <https://twitter.com/SPCPSR>, [www.youtube.com/user/StPeterChanelPSR](http://www.youtube.com/user/StPeterChanelPSR), <https://spcreligiouseducation.wordpress.com>). The security of your children is always a priority at St. Peter Chanel Catholic Church. No personal information, beyond an occasional first name, will ever be included in any of the material.

Child's Name (First, Last)	Permission Granted	
	YES	NO

Parent's Name (printed): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2016-2017 St. Peter Chanel Medical Release Form**

I give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events. I understand that any such instance, all attempts will be made to contact the parent/guardian. In the event that I cannot be contacted, I hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Father/Guardian's Full Name: _____
Home Address: _____
Place of business/address: _____
Phone #: _____

Mother/Guardian's Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Place of business/address: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Insurance is provided by which parent and/or place of employment: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Any allergies - including allergies to animals, foods, medications etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication (and dosage) my child is currently taking: \_\_\_\_\_

\_\_\_\_\_

Parent please print name:

\_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_