

St. Peter Chanel Religious Education 2018-19 Jubilee Music Class Registration

11330 Woodstock Road Roswell, GA 30075

PSR Office 678-832-1230 Fax 678-277-9423

E-mail: cczajkoski@stpeterchanel.org

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, and may be put on the website (www.stpeterchanel.org) or social media (www.facebook.com/StPeterChanelPSR, <https://twitter.com/SPCPSR>, 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		PSR Grade
	YES	NO	

Parent's Name (printed): _____

Parent's Signature: _____ Date: _____

2018-2019 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: _____