



Mary, Mother of God Parish, Washington, Illinois

Religious Education Registration Form

2026-2027

PLEASE COMPLETE ONE FORM FOR EACH CHILD

LEGAL NAME OF CHILD

Last

First

Middle

Male

☐

Female

☐

Nickname

Grade 2026/2027

Date of Birth

REGISTERED AT PARISH?

YES OR NO

VERIFIED BY PARISH OFFICE

WHICH CHURCH? ST. PATRICK / ST. MONICA (CIRCLE ONE)

To be completed by Parish Office

PARENTS OR GUARDIANS

MOTHER

Phone

()

Address

E-mail

City

State

Zip

FATHER

Phone

()

Address

E-mail

City

State

Zip

STUDENT MEDICAL & EMERGENCY INFORMATION

EMERGENCY CONTACT

Name

(Other Than Parent)

Relationship

Phone

Phone

PHYSICIAN

List Medical Conditions (asthma, epilepsy, etc.)

List Allergies

List any Medications

Preferred Hospital

Insurance Company

Plan #

Employee ID#

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

This information will be kept in parish files. A copy will be distributed to the person in charge of each trip or athletic activity in which the student participates. Should the need arise this information will be given to proper medical authorities and parents notified. I understand that in case of illness or injury to my child, the parish will notify me or the person I have listed as emergency contact. In case of said emergency, at a time when I or my emergency contact cannot be notified, I grant full power to the parish to 1.) arrange transportation to a proper facility where medical treatment would be administered, and 2.) sign releases as may be required to obtain any treatment as is required in judgement of medical authorities at that facility. This Authorization of Emergency Treatment is valid for one year from August 1, 2026-July 31, 2027.

Signature of Parent/Guardian

Date

LIABILITY WAIVER --RELIGIOUS EDUCATION PARTICIPANTS

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named students. I understand the risks this activity may present to my child, including, but not limited to, a serious personal injury or death. In consideration of my child being allowed to participate in this activity, I hereby release and agree to indemnify and hold harmless, the Diocese of Peoria the parish, teachers, chaperones, volunteers, or representatives associated with the event, and their employees and from any liability for injuries, damages, medical expenses, or any other loss to my child, family, or me (including agents attorney's fees) arising from or related to my child's participation in this activity.

Signature of Parent/Guardian

Date

PARTICIPATION WAIVER -- CCD PARTICIPANTS

On occasion, the parish named above takes photographs or makes an audio or video recording of children and/or adults involved in parish activities. Such photographs or video records may be used by my staff and participants to remember the activities or participants. In addition, such photographs and audio-visual records may be used in parish publications or advertising materials to let others know about the parish. Also, local news organizations may learn about the parish's activities or events, and the parish may invite or allow them to photograph or record such events to be used, distributed, or displayed as the agents of the parish see fit. I hereby expressly grant to the parish named above and/or the Diocese of Peoria and Parish the right, to use the picture or likeness of my child/children or written child/children in any photograph, movie, video production or any other forms of media for the purpose of publicizing, fostering and promoting the parish and its program, or for any other purpose in furtherance of the mission of the parish and/or the Diocese of Peoria. I authorize such publication and to use the verbal or written statements or declarations of my child/children for the purpose of publicizing, fostering and promoting the parish and its program, or for any other purpose in furtherance of the mission of the parish and/or the Diocese of Peoria.

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY

SACRAMENTAL INFORMATION

CATHOLIC BAPTISM

Parish _____
Address _____
City _____ State _____
Date of Baptism _____

PLEASE ATTACH COPY OF BAPTISMAL CERTIFICATE IF NOT BAPTIZED AT THIS PARISH

RECEIVED? ☐

FIRST RECONCILIATION

Parish _____
Address _____
City _____ State _____
Date of First Reconciliation _____

FIRST HOLY COMMUNION

Parish _____
Address _____
City _____ State _____
Date of First Communion _____

CONFIRMATION

Parish _____
Address _____
City _____ State _____
Date of First Confirmation _____