

# *Our Lady of Victory Church Religious Education Registration Form*

Family is registered at OLV? \_\_\_yes \_\_\_no—please complete Parish Registration prior to registering for RE.

Household name used for Parish Registration: \_\_\_\_\_

Address:

Phone that will be answered during RE hours: \_\_\_\_\_

Email for RE correspondence: \_\_\_\_\_

Additional Email: \_\_\_\_\_

Father's first and last name: \_\_\_\_\_

Father's Phone: \_\_\_\_\_

Mother's first and last name: \_\_\_\_\_

Mother's Phone: \_\_\_\_\_

Emergency contact first and last name: \_\_\_\_\_

Emergency contact relationship: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_

**Child 1**

Name: (first and last) \_\_\_\_\_

Attended RE last year? \_\_\_yes \_\_\_no Where? \_\_\_\_\_

Date of Birth: mm/dd/yyyy \_\_\_\_\_

Gender: \_\_\_male \_\_\_female

Grade level for RE year \_\_\_\_\_

School Attending \_\_\_\_\_

Sacraments Celebrated: \_\_\_Baptism \_\_\_Eucharist \_\_\_Reconciliation \_\_\_Confirmation

Allergies? \_\_\_yes \_\_\_no Please specify: \_\_\_\_\_

Any additional information you want us to know about your child: \_\_\_\_\_

**Child 2**

Name: (first and last) \_\_\_\_\_

Attended RE last year? \_\_\_yes \_\_\_no Where? \_\_\_\_\_

Date of Birth: mm/dd/yyyy \_\_\_\_\_

Gender: \_\_\_male \_\_\_female

Grade level for RE year \_\_\_\_\_

School Attending \_\_\_\_\_

Sacraments Celebrated: \_\_\_Baptism \_\_\_Eucharist \_\_\_Reconciliation \_\_\_Confirmation

Allergies? \_\_\_yes \_\_\_no Please specify: \_\_\_\_\_

Any additional information you want us to know about your child: \_\_\_\_\_

**Child 3**

Name: (first and last) \_\_\_\_\_

Attended RE last year? \_\_\_yes \_\_\_no Where? \_\_\_\_\_

Date of Birth: mm/dd/yyyy \_\_\_\_\_

Gender: \_\_\_male \_\_\_female

Grade level for RE year \_\_\_\_\_

School Attending \_\_\_\_\_

Sacraments Celebrated: \_\_\_Baptism \_\_\_Eucharist \_\_\_Reconciliation \_\_\_Confirmation

Allergies? \_\_\_yes \_\_\_no Please specify: \_\_\_\_\_

Any additional information you want us to know about your child: \_\_\_\_\_

**Child 4**

Name: (first and last) \_\_\_\_\_

Attended RE last year? \_\_\_yes \_\_\_no Where? \_\_\_\_\_

Date of Birth: mm/dd/yyyy \_\_\_\_\_

Gender: \_\_\_male \_\_\_female

Grade level for RE year \_\_\_\_\_

School Attending \_\_\_\_\_

Sacraments Celebrated: \_\_\_Baptism \_\_\_Eucharist \_\_\_Reconciliation \_\_\_Confirmation

Allergies? \_\_\_yes \_\_\_no Please specify: \_\_\_\_\_

Any additional information you want us to know about your child: \_\_\_\_\_

## *Our Lady of Victory Church RE Parent's Commitment Form*

- **Mass Attendance:** I make a good faith commitment to attend Saturday Vigil or Sunday Mass every week and participate in the sacramental life of the Church to support my child in his faith journey. (Initials \_\_\_\_\_)
- **Family Prayer:** I make a good-faith commitment to pray as a family and make every effort to share meals together. (Initials \_\_\_\_\_)
- **Catechist Parents:** I make a good-faith commitment as a parent to educate my child in the Christian Faith. I recognize that I am the first catechist of my child at home. (Initials \_\_\_\_\_)
- **Attendance:** I make a good-faith commitment to see that my child attend weekly religious education classes, and to inform the catechist or DRE if my child will be absent. (Initials \_\_\_\_\_)
- **Meeting Attendance:** I make a good-faith commitment to attend parent meetings, celebrations and retreats that are a part of the formation and sacramental preparation of religious education program. (Initials \_\_\_\_\_)
- **Parent Volunteer:** I make a good-faith commitment to serve as a volunteer, where possible (Initials \_\_\_\_\_)

In order for our program to be successful, we rely on volunteers. Please indicate the areas where you are willing or able to help:

- Full time catechist
- Assistant Catechist
- Substitute Catechist
- Prepare materials for retreats
- First communion prep team
- Hospitality Committee (set up, serve, clean up for Sacramental Retreats)
- Any other ideas or ways you can help:

# *Our Lady of Victory Church RE Authorization and Consent Form*

**Child/Children's Name(s):**

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## **Authorization for Pickup**

All children must be signed out of class by parents or an adult authorized by the parents. Please note that only children in Grades 6 and up are allowed to walk out of the building. Please list all additional adults (other than parents) who may pick up your child from RE and OLV sponsored events and note relationship to child:

## **Authorization for Walk-Off**

Does your child in Grade 6 and above have your permission to sign themselves out and leave the building?

yes  no

Child's Name(s) \_\_\_\_\_

## **Consent and Release of Liability**

As parent and/or guardian, I remain legally responsible for any personal actions taken by the named minor (s) ("participant") listed above. I agree on behalf of myself, my child/children named herein, or our heirs, successors, and assigns, to hold harmless and defend Our Lady of Victory Church, its parish, officers, directors, employees and agents, and the Archdiocese of Washington, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child/children attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Washington, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

I hereby consent  yes  no

## **Authorization to Publish Pictures and Artwork**

I hereby grant permission to Our Lady of Victory Church and parish to publish pictures of me and/or my child(ren) [and any artwork created during the course of Faith Formation programs] on the church's website

or in the church's publicity information, newsletters, or bulletins. NO NAMES WILL BE PUBLISHED ON THE WEBSITE. I understand that if I give notice to the webmaster that I object to any particular picture of me and/or my child(ren), it will be removed as soon as possible. I understand that neither I nor any child(ren) in question will be paid any royalty or other compensation for the publication of any pictures. I further state that I have the right to grant or refuse this permission as I am the child's parent or legal guardian.

I hereby consent \_\_\_yes \_\_\_no

### **Emergency Medical Treatment**

I hereby authorize any reasonable and necessary medical treatment, administration of anesthesia, and surgical treatment(s) for my minor child(ren) listed above in the event of my absence, or when the hospital or physicians are unable to contact me. This authorization extends to any hospital, physicians, and nursing personnel on staff where treatment is rendered. I release from liability and waive all claims (with the exception of liability and claims resulting from gross negligence or willful misconduct) against Our Lady of Victory Catholic Church, church staff, church volunteers, the hospital, physicians, and nursing personnel for performing reasonable and necessary medical procedures in accordance with the authority of this consent for medical treatment.

I hereby consent \_\_\_yes \_\_\_no

### **Signature for Consent, Treatment, and Authorizations Above**

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**Parent/legal guardian signature**

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**Date**

