

St. James Religious Education-Family Faith Connection
Family Registration for *Our Lenten Journey with Jesus*

Saturday, March 2, 2019

320 Logan Ave.

Belvidere, IL 61008 815/544-3698

PLEASE COMPLETE THIS REGISTRATION AND CONSENT FORM
Please return form to the R.E. Office or Church Office by February 15, 2019

NAME OF CHILD ATTENDING

GRADE
PreK (Ages 3-4)

Medical/Allergies information

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PARENT INFORMATION:

NAME OF FIRST PARENT ATTENDING: _____

NAME OF SECOND PARENT ATTENDING: _____

NAME OF ANY OTHER ADULT ATTENDING: _____

Address: _____ City _____ Zip Code _____

Telephone: (Home) _____ (Cell) _____

PLEASE NOTE THE FOLLOWING:

- At least one Parent MUST attend the event with your child.
- No child without a parent present will be allowed to attend.
- Children 2 years of age and younger will remain with their parent for the entire session.

What is the Total Number of family members who will attend? _____

Which session do you plan to attend? Please check one.

English Session (10:00 A.M. - Noon) Refreshments 9:30AM

Spanish Session (1:00 P.M. - 2:00 P.M.) Refreshments 12:30 P.M.

Please turn paper over and continue

I hereby grant my permission (or withhold permission) for any photographs which include my child(ren) to be used in various parish communications and in the diocesan newspaper.

Please check the box and write your initials on the line next to Yes or No.

/ _____ Yes, you may use my child(ren)'s photos in parish or diocesan communications.

/ _____ No, please do not use my child(ren)'s photos in parish or diocesan communications.

Please read and give consent by signing your name below.

My child(ren) agrees to abide by all the rules of afore mentioned Activity and to obey the staff in charge of this Activity. The Parish, School, and Diocese will not be liable for my child's failure to cooperate and/or abide by the rules. Any infraction of the rules may result in the immediate dismissal of my child from the Activity at my expense and without refund to me the costs paid for the Activity.

(There is no cost for this event)

I further agree to the following: I understand that I, or another parent or guardian, **MUST** attend this event with my child(ren) and therefore, I agree that if any emergency treatment for my child(ren) is required that I will take full responsibility to authorize such treatment and I agree that I am financially responsible for such medical treatment.

I further agree to the following: If my child(ren) need(s) to take prescription or non-prescription during this Activity, I agree to administer such medication myself. I further agree that any medications that I bring to the event shall be in its original container and only so much as is needed for necessary dose will be brought inside the premises.

I hereby release and discharge The Diocese of Rockford and its Bishop, and St. James-Belvidere Parish and St. James School, and the officers, directors, employees, and volunteers of same, from all claims for personal injuries or property damage that I or my child may suffer while my child(ren) is attending and/or participating in the Activity, unless the injuries or damage resulted from willful misconduct of the Diocese the Parish, the School, or its employees, and volunteers.

I hereby acknowledge that I understand that this event includes separate parent and child sessions, as well as a shared session together as a family.

Print name of parent/guardian

Signature of parent/guardian

Date

Please return completed registration form to the R.E. Office or Church Office.