

St. Philomena & St. Michael Catholic Churches

1301 North Market Street, Monticello, IL 61856 ~ (217) 762-2566

St.PhilomenaChurch@yahoo.com

Msgr. Michael Bliss, Pastor ~ Kari Higgins, Religious Education Coordinator

2019 – 2020 RELIGIOUS EDUCATION & CONFIRMATION REGISTRATION

Please complete Student Information, any Medical Information, and Medical Insurance Information below. Sign the Publicity Waiver/Liability Waiver/Authorization for Emergency Medical Treatment form on back. Please return to the parish office along with registration fee. Additional forms are available in the parish office, on the Religious Education bulletin board, or online at StPhilomenaOnline.org.

Pre-K and Kindergarten meet Sunday mornings from 9:00am to 10:00am, 1st through 3rd Grades meet Wednesday evenings from 6:15pm to 7:15pm, 4th through 7th Grades meet Sunday mornings from 10:00am to 11:15am, and 8th and 9th Grades (Confirmation) meet Sunday evenings from 6:00pm to 7:15pm.

Student Information

Name of Parent(s) _____

Street Address/City/Zip _____

Home Phone _____ Father's Cell _____ Mother's Cell _____

Email Address(es) _____

Name of Child (Nickname)	Date of Birth	Grade in 2019-2020	Known Allergies & Medical Info We Need To Be Aware Of (Including Current Medications)	Sacraments Received (Baptism, First Reconciliation, First Communion)
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Medical Insurance Information

Policy Holder (in the name of) _____

Insurance Company _____

Employee Identification # _____ Plan Number _____

Authorized Physician _____ Phone # _____

Authorized Hospital _____

Emergency Contact _____ Phone _____

PLEASE COMPLETE REVERSE SIDE

**2019-2020 Religious Education Registration Fees Due \$50 before August 1 / \$60 after August 1
\$25 for each additional child/\$35 after August 1**

Please make checks payable to St. Philomena Church. If there is a financial need, please put scholarship request in writing and return with this form.

The Diocese of Peoria has directed us to have these waivers signed by all parents of students in Catholic Schools and/or Religious Education Programs (CCD). Please sign below accepting the Publicity Waiver, Liability Waiver, and Authorization for Emergency Medical Treatment and return with fee to the parish office.

Authorization for Emergency Medical Treatment

This information will be kept in the possession of the parish. 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 the proper medical authorities.

I understand that in the case of illness or injury to my child, the parish will try to notify me or the person I have listed as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the parish to 1) arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility. This Authorization for Emergency Medical Treatment is valid for a period of one year, from August 1, 2019 through July 31, 2020.

Publicity Waiver—2019-2020 Academic Year

On occasion, the parish named above takes photographs (including First Communion and Confirmation) 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 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, privilege and license to use the picture or likeness of my child/children in any photograph, movie, video production or any other forms of media 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 programs, or for any other purpose in furtherance of the mission of the parish and/or the Diocese of Peoria.

Liability Waiver—2019-2020 Academic Year

I understand the risks that the Religious Education Program may present, including, but not limited to, a serious personal injury or death. In consideration of my child being allowed to participate in the Religious Education Program, I hereby release and agree to indemnify and hold harmless, the Diocese of Peoria, the parish, teachers, chaperones, volunteers, or representatives associated with the Religious Education Program, and their employees and agents, from any liability, except by negligence, for injuries, damages, medical expenses, or any other loss to my child, family, or me (including attorney's fees) arising from or related to my child's participation in the Religious Education Program.

Signature of Parent/Guardian

Date