OUR LADY OF PERPETUAL HELP
Registration for Religious Education
3-Year-Olds – 5th Grade

Cost: $30 per child
Fees Paid: $_____
Scholarships and payment plans are available. Please ask!

PDS ____

Child's Name:_____
First Middle Last

Date of Birth: Mo _____ Day _____ Year _____ Age _____

School: _____ Grade:_____

Father's Name (First and Last): _____

Mother's Name (First and Last): _____ Maiden Name:_____

Child Lives With: Both Parents □ Father □ Mother □ Other_____

Address: _____ City: _____ Zip:_____

Home Phone: _____Cell Phone/s:_____

Email/s:_____

Has your child been baptized? Yes □ No □ Has your child received First Eucharist? Yes □ No □

Is Your Family Registered in the Parish? Yes □ No □ Unknown □

In case of an emergency, contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Persons authorized to pick up your child/ren:

Name: _____ Phone: _____

Name: _____ Phone: _____

Any person NOT allowed to pick up your child/ren:

Name: _____ Phone: _____

_____ I authorize the use of photographs and/or videos of my child to be used for church publications, bulletin boards, website, or other church activities.

_____ I DO NOT authorize the use of photographs and/or videos of my child to be used for church publications, bulletin boards, website, or other church activities.

Signature: _____ Date: _____

ARCHDIOCESE OF PORTLAND IN OREGON

CHURCH/SCHOOL EMERGENCY INFORMATION FORM FOR STUDENT/YOUTH

LOCATION INFORMATION ☐ School ☐ Church Date: _____

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

CONTACT PERSON

Name: _____ Phone: _____ Email: _____

CHILD'S INFORMATION

Name: _____ Date of birth: _____ Grade level: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent(s)/Guardian(s): _____

Person with whom child is living: _____

Person(s) to notify in case of an emergency:

Name: _____ Phone 1: _____ 2: _____

Name: _____ Phone 1: _____ 2: _____

Name: _____ Phone 1: _____ 2: _____

Family physician: _____ Phone: _____

Last tetanus immunization or booster date: _____

Allergies (food, drugs, insects, etc.): _____

Is child presently on any medications? ☐ Yes ☐ No If yes, please state below:

Name: _____ Dosage: _____ Reason for medication: _____

Prescribing physician: _____ Phone: _____

Please note any injuries, recent surgery, prolonged illness, current medication, corrective lenses, special health problem or other issues requiring special attention that would help emergency personnel to provide appropriate care for your child:

_____

_____

INSURANCE INFORMATION:

Name of medical insurance company: _____

Group or identification number: _____

I authorize the Church/School and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Church/School assume no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent/Guardian Signature: _____ Date: _____