

Mary Queen of the Holy Rosary  
Religious Formation Registration  
2017 - 2018

**Fee: \$ 50 per child**

**STUDENT INFORMATION**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Primary Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Student's Phone Number: \_\_\_\_\_ School: \_\_\_\_\_

Student's Allergies/Special Needs \_\_\_\_\_

My student is a Baptized Catholic . . . . Yes or No Church \_\_\_\_\_ Date \_\_\_\_\_

My student has participated in First Holy Communion . . . . Yes or No

My student has participated in the Sacrament of Confirmation . . . . Yes or No

\*\*\*\* A copy of your child's Baptismal certificate must accompany this form if your child will be making his or her First Reconciliation and First Communion, or Confirmation in 2018. \*\*\*\*

**FATHER / GUARDIAN INFORMATION:**

Name: \_\_\_\_\_

Primary Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**MOTHER / GUARDIAN INFORMATION:**

Name: \_\_\_\_\_

Primary Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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**RELEASE OF LIABILITY/RESPONSIBILITY:**

I, \_\_\_\_\_, give permission for my student, \_\_\_\_\_ to participate in Mary Queen of the Holy Rosary Religious Formation Program and all its activities. I also give my permission to the adult volunteers; under the direction of my child's program coordinator, to give minor medical treatment (wash with soap and water, and bandage only) to my child in the event of accidental injury. I will not hold any staff, Mary Queen of the Holy Rosary Parish, or the Catholic Diocese of Lexington responsible and/or liable for any illness and/or accidental injury to my child.

Parent's or Legal Guardian's Name (**print**) \_\_\_\_\_

Parent's or Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**PHOTOGRAPHY AND VIDEO CONSENT:**

I/We, the parent(s)/guardian(s) of this youth (print name) \_\_\_\_\_, authorize and give full consent, without limitation or reservation, to Mary Queen of the Holy Rosary Religious Formation Ministry, to publish any photograph or video in which the above named student appears while participating in any program associated with Mary Queen of the Holy Rosary Parish's Formation Ministry. There will be no compensation for use of any photograph or video at the time of publication or in the future.

Parent's or Legal Guardian's Name (**print**) \_\_\_\_\_

Parent's or Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Student Pick-Up Release:**

I understand that **students without a note written to the Formation staff, and, from their parent or guardian, prior to the event, will not be allowed to leave Formation activities, before the end of the event, or, with someone other than their parent or guardian. I understand that this includes students who have earned a legal Driver's License.**

**The following persons are authorized to pick up my student from Mary Queen of the Holy Rosary:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

My student **may NOT be released** to the following persons unless directed by Order of the Court or at my directive:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent's or Legal Guardian's Name (**print**) \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**TECHNOLOGY CODE OF CONDUCT ACKNOWLEDGMENT**

**Diocese of Lexington**

**Mary Queen of the Holy Rosary Parish**

I hereby acknowledge that I understand that I am required to read the Catholic Diocese of Lexington Technology Code of Conduct, dated May 16, 2011, and will read the code of conduct before participating or volunteering in any function or ministry of the Diocese of Lexington, Kentucky. I understand that the Technology Code of Conduct can be found at <http://home.catholicweb.com/maryqueen/index.cfm/NewsItem?id=223101> or that by request I will be provided with a copy. I understand that I may meet with my parish, school, or diocesan leadership to review the code., and review the information with my child. I understand that, upon request I may meet with my Parish, School, or Diocese leadership to review the Code.

\_\_\_\_\_  
**Printed Name** of Student

\_\_\_\_\_  
Signature of **Student**

\_\_\_\_\_  
**Printed Name** of Parent/Guardian

\_\_\_\_\_  
Signature of **Parent/Guardian**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

**For Office Use:**

Amount paid \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Money Order \_\_\_\_\_

Received by: \_\_\_\_\_ Date \_\_\_\_\_

CRE \_\_\_\_\_ Teacher/Room # \_\_\_\_\_