



**Student Information #3**

Student's First/Middle/Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade in 2024-2025 \_\_\_\_\_

Does your child have any medical issues we should know about? \_\_\_\_\_

Where did your child last attend Religious Education classes? \_\_\_\_\_ For What grades? \_\_\_\_\_

**Sacramental Information (If your child was not baptized at OLQP please supply a copy of his/her Baptismal Certificate with this registration)**

Date of Baptism \_\_\_\_\_ Church of Baptism \_\_\_\_\_

Date of First Eucharist \_\_\_\_\_ Church \_\_\_\_\_

**By registering my child in the Religious Education Program at Our Lady Queen of Peace, I understand that:**

- My family must be registered at Our Lady Queen of Peace Parish.
- Completion of this form does not register my child for any Sacramental Preparation. Sacramental preparation class registration forms will be sent out at a later date.
- If financial assistance is needed I will contact the Religious Education office so that a payment plan can be arranged.
- As an integral part of our faith formation curriculum, we will be teaching Catechesis for Family Life. You are encouraged to review the program materials that will be used in the classroom, as well as the materials you will receive for home discussion. If you have any questions or concerns about your child participating in this program, please contact the Directors of Religious Education.
- No unregistered children are allowed in classrooms.
- I have read and understand the Archdiocese of Baltimore's letter about immunizations that was included in the registration packet.
- I have read the Parent/Student Guidelines for Religious Education and the drop-off and pick-up procedures that was included in the registration packet.
- I understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in this Religious Education Program and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the Religious Education Staff, or other associated volunteers of the program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese, Parish and/or Organization from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the Religious Education classes
- Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the Religious Education or for future advertisement of Parish programs. Any other use will require your further consent.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Fee Schedule:**

*Religious Education: One child \$100.00 Two children \$175.00; Three or more children \$250.00*

Amount Paid \$ \_\_\_\_\_ Date Rec'd. \_\_\_\_\_ Paid by cash/check/credit card \_\_\_\_\_ Rec'd. by \_\_\_\_\_