Our Lady Queen of the Apostles 2021-2022 Religious Education Registration

Family Last Name Envelope #					
Father's Name (First / Last)			Phone Number (s)		Email
Mother's Name (First / Last)			Phone Number (s)		Email
Address			City and Z		l Zip
Registration fees: one child \$75 / two or more children \$150					
Optional fee for grades 1, 3-5: Bible \$15					
Additi	ional sacramen	ital fees: First	t Holy Communion	\$25 / 0	Confirmation \$150 per student
	First Name		Middle Name		Last Name
1 st Child	Date of Birth	Gender	2021—2022 Grade	C	Class (Grade/Section/Day/Time) Selected
Cilila	Age	Baptized 1 st Communion			attach baptism certificate (unless at OLQA) ttach Communion certificate (unless at OLQA)
	First Name		Middle Name		Last Name
2 nd	Date of Birth	Gender	2021—2022 Grade	С	lass (Grade/Section/Day/Time) Selected
Child					
3	Age	Baptized	Baptized YES NO If YES, please attach baptism certificate (unless at OLQA) 1st Communion YES NO If YES, please attach Communion certificate (unless at OLQA)		
		1 st Communion	YES NOIf YES,	please a	ttach Communion certificate (unless at OLQA)
	First Name		Middle Name		Last Name
3 rd	Date of Birth	Gender	2021—2022 Grade	C	lass (Grade/Section/Day/Time) Selected
Child	Age	Baptized	YES NO If YES	, please a	attach baptism certificate (unless at OLQA)
		1 st Communion	YES NOIf YES,	please a	ttach Communion certificate (unless at OLQA)
OFFICE USE ONLY					

Total Payment Due: _____ Amount Paid: ____ Form of Payment: Cash ___ Check # ____ Credit Card ___

Requirements and guidelines

- Registration fees are due at the time of registration. Please speak with the Director of Religious Education if there is a financial hardship.
- Baptismal certificates are required for all new students (unless baptized at our parish).

I have read, understand, and agree to the requirements and guidelines above, and grant

permission for my child(ren) to attend Our Lady Queen of the Apostles class(es).

- If separated or divorced, written and notarized consent from non-custodial parent is required.
- Please be on time for drop off and pick up. For safety reasons, doors will be locked and no adults, unless cleared by the Diocese of Palm Beach, may remain in the building while classes take place. You may also be asked to sign your child out upon pick up.

Parent / guardian signature ______ Date _____ **Emergency information** In the event we're unable to reach you, who should we contact? Name ______ Relationship _____ Phone ____ Please describe any health conditions or special needs we should know about your child(ren). If applicable, please list any medications your child(ren) are taking: I do hereby give my permission for my child(ren) attending Our Lady Queen of the Apostles Religious Education Program to be treated for medical emergency in my absence. The Director of Religious Education or adult supervisor may act as an agent in my absence. In case of accident, I do not hold the Diocese of Palm Beach, the parish, its staff, or the adult chaperones responsible. Parent / guardian signature ______ Date _____ Date _____ Photo and video consent and release I hereby grant to Our Lady Queen of the Apostles the right to photograph and/or videotape me and further to use my name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without any reservation, limitation, or consideration. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent for publication of my name, face, likeness, voice and appearance. I certify that I am the parent or legal guardian of the above participant(s), and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Photograph and/or Videotape Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as appropriate). Parent / guardian signature ______ Date _____