

Our Lady of Grace Catholic Church

45295 W. Honeycutt Avenue

Maricopa, Arizona 85139

Children & Worship Program Policies
For 3, 4 year olds and Pre-K Students



Class Time Preference (circle one): **9:30 AM** **11:00 AM**

Registration Fee: \$30.00 per child enrolled

Student Information:

Last Name: _____ First: _____

Age: _____ Birthdate: _____

Allergies, Health or Other Issues: _____

Family Information:

Father's Last Name: _____ Father's First: _____

Mother's Last Name: _____ Mother's First: _____

Home Address: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical Release, Initials Required

I (we), the parent(s) or legal guardian(s) of the minor listed above hereby authorize and consent to any emergency medical procedure performed by licensed member of a medical or emergency room staff. It is understood that this authorization is given in advance of any hospital care treatment required and is given to provide authority and power to the physician to exercise his best judgment in providing treatment. It is understood that every effort will be made to contact you prior to rendering treatment to the patient, but any of the above treatment will not be withheld if you cannot be reached.

Initials: _____

Photo Release, Initials Required

I (we), the parent(s) or legal guardian(s) of the minor listed above hereby authorize and consent to use photographs and videos of my child taken during the religious education program for use by the Diocese of Tucson and Our Lady of Grace Parish.

Initials: _____

Consent, Signature Required

I (we), the parent(s) or legal guardian(s) of the minor listed above have received, read, understood and agreed to the Children & Worship Program Policies of Our Lady of Grace Church.

Signature of Parent/Legal Guardian

Date

OFFICE USE ONLY:

PAYMENT RECEIVED: CASH OR CHECK # _____

CLASS/TIME: _____