Religious Education 2026-2027

Participant Registration Form
Our Lady of Victory Catholic Church
Diocese of Davenport, Iowa

Diocese of Davenport

Home Parish *(Name/City):*		City, State, Zip:	
Mother's Full Name:		Mother's Cell Phone:	
Father's Full Name:		Father's Cell Phone:	
Home Address:		Primary Parent Email:	

Children to be enrolled in Religious Education and their school grade levels (K-8) for **the year indicated above:**

CHILD'S NAME	DATE OF BIRTH M/D/YYYY	GRADE	KNOWN ALLERGIES & MEDICAL INFORMATION WE NEED TO BE AWARE OF (including current medications)	SACRAMENTS RECEIVED (Baptism, First Reconciliation, First Communion)

GENERAL PERMISSION

I request that my child(ren) listed above be allowed to attend Religious Education located at _____ for the duration of the school year. I hereby release and agree to indemnify and hold harmless the parish, its employees, staff, agents, volunteers, and the Diocese from any and all liability, for injuries, damages, medical expenses or any other loss to my child or family arising from claims of any kind or nature whatsoever from my child's participation in this program.

MEDICAL PERMISSION FORM

I,_____, grant permission for the administration of First Aid to my child(ren) listed above by the people in charge of Religious Education at _____, to sign the necessary releases as may be required, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

INSURANCE INFORMATION

Policy Holder *(in the name of)*:			
Insurance Company:			
Policy Number:			
Authorized Physician:		Phone #:	
Authorized Hospital:			
Emergency Contact:			
Relationship to child:			
Phone #s *(Home, Cell, Work)*			

VIDEOTAPING AND STILL PHOTOGRAPHS

Video, still photographs and audio records may be taken during Religious Education. This authorization form constitutes permission for my child(ren)'s participation in videotaping, still photographs, and/or audio records, which may be used for future promotional efforts, including print publications and websites.

Parent(s) Signature: _____ Date: _____

Registration Fee may be paid via cash or check made payable to Our Lady of Victory (Memo: RE Fee/Child's name).
Registration Fee is $75.00 for one child and $100.00 for 2 or more children.

OFFICE USE ONLY

Total Due: _____

Total Paid: _____

Check #: _____