

# Our Lady of Grace Catholic Church

18700 North St. Gabriel Way

Maricopa, Arizona 85138

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: \$5.00 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) of 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, CREDIT OR CHECK - Receipt # \_\_\_\_\_ \_\_3 or \_\_4 yr old \_\_9:30 or \_\_11:00