

For Office Use Only

Reg. Fee ___ Supply fee: ___ Date _____ Check # _____ Check Amt. ___ Cash ___ Online ___ Credit ___ Receipt Y/N

**Prince of Peace Catholic Church
Summer with Jesus Registration Form
Summer 2024-2025**

Child's Name _____ **Birth date** _____ **Gender:** Male / Female

Parent's Marital Status ___ Married ___ Divorced ___ Separated ___ Single ___
(If divorced, a copy of the Divorce Decree noting guardianship must accompany this form.)

Child resides with (please check all that apply)

___ Mother and Father ___ Mother ___ Father ___ Other _____
(describe)

Father's Name _____ **Driver's License#** _____
Home Address _____
City _____ State _____ Zip _____
Occupation _____ **Employer** _____
Home Phone _____ **Work Phone** _____ **Cell** _____

Mother's Name _____ **Driver's License#** _____
Home Address _____
City _____ State _____ Zip _____
Occupation _____ **Employer** _____
Home Phone _____ **Work Phone** _____ **Cell** _____

Family email address: _____

Family religious preference _____ Member of Prince of Peace: Yes / No

Emergency Contact

List at least one **local** person who will be available to assume responsibility for your child in case of emergency and parents/guardians cannot be reached.

Name _____
Home Address _____
Home Phone _____ Work Phone _____ City _____ State _____ Zip _____
Relationship to child _____

Authorized Pick-up

Name _____
Home Address _____
Home Phone _____ Work Phone _____ City _____ State _____ Zip _____
Relationship to child _____

Name _____
Home Address _____
Home Phone _____ Work Phone _____ City _____ State _____ Zip _____
Relationship to child _____

Name _____
Home Address _____
Home Phone _____ Work Phone _____ City _____ State _____ Zip _____
Relationship to child _____

Photo-Video Consent & Release – Prince of Peace

PLEASE CAREFULLY READ ALL TERMS BELOW BEFORE SIGNING. THIS DOCUMENT AFFECTS YOUR AND/OR YOUR CHILD'S LEGAL RIGHTS:

Participant's Name: _____ Date of Birth: _____

Parent/Legal Guardian's Name(s) (if Participant is under the age of 18 years):

To Be Completed By Sponsor:

Activity (please insert description of the activity/event): Kids' Day Out & Summer with Jesus

School/Organization/Club ("Sponsor"): Prince of Peace Catholic Church

In consideration for Sponsor allowing Participant to participate in the Activity, I, individually and/or as the parent/legal guardian of Participant (as applicable) hereby acknowledge, consent, and agree as follows:

I HEREBY AUTHORIZE THE ARCHDIOCESE OF SAN ANTONIO (THE "ARCHDIOCESE"), PRINCE OF PEACE PARISH CATHOLIC CHURCH (THE "PARISH"), SPONSOR AND THEIR RESPECTIVE AFFILIATES, AGENTS, EMPLOYEES AND VOLUNTEERS (COLLECTIVELY, THE "CHURCH PARTIES") TO TAKE PHOTOGRAPHS, RECORDINGS, AND/OR VIDEOS (WHETHER ELECTRONIC, DIGITAL, OR OTHERWISE) OF PARTICIPANT IN CONNECTION WITH THE ACTIVITY, AND I HEREBY CONSENT TO THE USE, REPRODUCTION, AND PUBLICATION OF SUCH IMAGES OF PARTICIPANT BY THE ARCHDIOCESE, PARISH, AND SPONSOR IN CONNECTION WITH THE PROMOTION AND PUBLICITY OF THE ACTIVITIES OF THE ARCHDIOCESE, THE PARISH, AND SPONSOR, INCLUDING, WITHOUT LIMITATION, PUBLICATION OF SUCH IMAGES OF PARTICIPANT ON THE PARISH'S WEBSITE. I, INDIVIDUALLY AND/OR IN MY CAPACITY AS PARENT/LEGAL GUARDIAN OF PARTICIPANT (AS APPLICABLE), HEREBY WAIVE ANY RIGHT TO INSPECT OR APPROVE THE ACTUAL USE BY THE ARCHDIOCESE, THE PARISH OR SPONSOR OF ANY SUCH IMAGE OF PARTICIPANT. SUCH IMAGES OF PARTICIPANT SHALL BE THE SOLE PROPERTY OF THE ARCHDIOCESE, THE PARISH AND SPONSOR, AND I, INDIVIDUALLY AND/OR IN MY CAPACITY AS PARENT/LEGAL GUARDIAN OF PARTICIPANT (AS APPLICABLE), HEREBY ACKNOWLEDGE AND AGREE THAT NEITHER I NOR PARTICIPANT (AS APPLICABLE) SHALL BE ENTITLED TO ANY COMPENSATION WHATSOEVER SHOULD ANY SUCH IMAGES OF PARTICIPANT BE USED BY THE ARCHDIOCESE, THE PARISH OR SPONSOR.

Signature of Participant / Participant's Parent/Legal Guardian

Date

Emergency Authorization Form

I hereby give my consent to Prince of Peace Catholic Church Kids' Day Out Program/Summer with Jesus to call Dr. _____ at (Phone #) _____ or a hospital emergency room (Name, Phone #) _____ for medical or surgical care of my child(ren) should any emergency arise where such a service is necessary. I understand the cost of this care will be paid by me, the parent(s).

It is understood that a conscientious effort will be made to notify me before such actions are taken if time permits.

I understand that Prince of Peace Catholic Church Kids' Day Out/Summer with Jesus will contact me or the names I have designated on the registration form to be called for emergencies, if we cannot be reached and if time permits.

In order to meet all legal requirements, I hereby authorize the representative of Prince of Peace Catholic Church Kids' Day Out Program/Summer with Jesus to give my consent for any and all necessary emergency medical care for my child(ren) named _____ while said child(ren) is/are in said individuals' custody.

Signature of Parent or Legal Guardian

STATE OF TEXAS, COUNTY OF _____ Before me, the undersigned authority, on this day personally appeared (Parent or Guardian's Name): _____ known to me to be the person whose name is subscribed above, and acknowledged me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this _____ day of _____, 20____.

SEAL

NOTARY PUBLIC in and for

_____ COUNTY, TEXAS

Office use only/Form Good for One year from the Date signed

Returning KDO student Y/N

Health Form

Kids' Day out Program/Summer with Jesus

NAME: _____ Date of Birth: _____ Gender: M/F

Health Examination:

Date of most recent physical examination: _____

Immunizations: Please provide a copy of your child's updated immunization records.

Write N/A for all that apply

TEST

DATE

RESULTS

- Tuberculin Skin or chest x-ray _____
- Covid _____

MEDICAL HISTORY

- Chicken Pox (year): _____ T.B./T.B. Contact (year): _____
- Recent Hospitalizations: _____
- Other: _____

PHYSICAL LIMITATIONS, SPECIAL NEEDS OR DISABILITIES

- Allergies (list) _____
- Routine Medications: _____
- Dietary Restrictions: _____
- Disabilities (specify): _____
- Other: _____

Parent's Signature _____ Date _____

Water play consent

I do _____ don't _____ give my consent to allow my child to play in shallow pools on water play days while under the supervision of KDO staff.

Parent Signature _____

Date: _____

Health Questionnaire

I certify that my child is free from all communicable disease: YES /NO

If no, explain _____

I certify that my child is physically and mentally able to participate in age appropriate activities: YES /NO

IF no, explain _____

I ____do ____do not give consent for my child to be served foods during KDO other than what I send for my child to eat,

What foods is your child not allowed to have: _____

Does your child have any allergies to food or medication? YES/NO

Please list allergies _____

List any physical conditions and therapies your child receives:

List any medications and their frequency by child:
