

Our Lady Queen of the Apostles 2023–2024 Religious Education Registration

Family Last Name _____

Father's Name (First / Last)	Phone Number (s)	Email
Mother's Name (First / Last)	Phone Number (s)	Email
Address		City and Zip

Registration fees: one child \$85 / two children \$160 / three or more children \$200

Additional sacramental fees: First Holy Communion \$25 / Confirmation \$150 per student

Parents are asked to complete 20 hours (combined) volunteer service to the parish.

1st Child	First Name				Middle Name				Last Name			
	Date of Birth		Gender		2023—2024 Grade in school		PREP Class (Grade/Section/Day/Time) Selected					
	Age		Baptized YES ____ NO ____ If YES, please attach baptism certificate (unless at OLQA) 1 st Communion YES ____ NO ____ If YES, please attach Communion certificate (unless at OLQA)									

2nd Child	First Name				Middle Name				Last Name			
	Date of Birth		Gender		2023—2024 Grade in school		PREP Class (Grade/Section/Day/Time) Selected					
	Age		Baptized YES ____ NO ____ If YES, please attach baptism certificate (unless at OLQA) 1 st Communion YES ____ NO ____ If YES, please attach Communion certificate (unless at OLQA)									

3rd Child	First Name				Middle Name				Last Name			
	Date of Birth		Gender		2023—2024 Grade in school		PREP Class (Grade/Section/Day/Time) Selected					
	Age		Baptized YES ____ NO ____ If YES, please attach baptism certificate (unless at OLQA) 1 st Communion YES ____ NO ____ If YES, please attach 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 Faith Formation if there is a financial hardship.
- Baptism and First Communion (if applicable) certificates are required for all new students (unless baptized at our parish).
- 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 will need to sign in and sign out for your child.

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).

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 Faith Formation 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** _____

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** _____