

FAMILY FAITH NIGHT

at Christ the King



2017-2018
Family Faith Night Registration
 Religious Education (K-4)
 Edge (5-8)
 Life Teen (9-12)

Fees: 1 Student \$40.00 2 Students \$70.00 3 Students \$100.00

Family Name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Registered at Christ the King? Yes No If no, which parish? _____

Father's Name: _____ Catholic? Yes No Cell Phone: _____ Text Yes No

Mother's Name: _____ Catholic? Yes No Cell Phone: _____ Text Yes No

Email address for family: (please print clearly):

Child's Name	Age	Male or Female	Grade Sept. 2017	Baptism Date	Reconciliation Date	First Communion Date	Confirmation Date

Office Use Only: Total Payment _____ Paid On _____ Received By _____

Archdiocese of Portland Christ the King Parish

One Per Child

Family Faith Night (PreK-12 Faith Formation)
Student/Youth Emergency Information and Procedure Form

Event: Family Faith Night On-Campus Events Only

Location: Christ the King- Milwaukie, OR

Date(s): September 1, 2017- August 31, 2018

Youth Last Name	Youth First Name	Home Phone
-----------------	------------------	------------

Address _____ City _____ State _____ Zip _____

School Attending _____ Grade Level _____

Parent(s)/Guardian(s) _____

Person with whom youth is living _____

In case of illness, accident or emergency to the youth named above, the Archdiocese of Portland, and its representatives are authorized to proceed as indicated below. (**Thoroughly complete the following information and number each item in the order of desired action you wish us to take**).

No. _____ Contact _____ Day phone _____ Other phone _____

No. _____ Contact _____ Day phone _____ Other phone _____

No. _____ Contact _____ Day phone _____ Other phone _____

No. _____ Contact Family Physician _____ Phone _____

No. _____ Take Youth to Nearest Emergency Hospital _____

No. _____ Other _____

Medical History/Information

Date of Birth _____

Last Tetanus immunization or booster date _____

Allergies (food, drugs, insects, etc.) _____

Current medication (state name, dosage, reason, time, and physician) _____

Please note any injuries, recent surgery, prolonged illness, corrective lenses or special health problems that would help emergency personnel care for your child, or which may require special attention.

Please indicate any disabilities _____

Name of Medical Insurance Company _____

Group or ID Number _____

I give my permission for my child to participate in this on-campus event, which will be supervised by Archdiocese employees and volunteers. I authorize the Archdiocese of Portland and its representative to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent/Guardian Signature

Date

Parent Email(s)

Youth Email

This form to be kept on file for 3 years. On Campus Events Only



Christ the King Media Release of Minors

Name of Minor _____

Name of Minor _____

Name of Minor _____

Name of Minor _____

I hereby grant Christ the King Church and the Archdiocese of Portland permission to publish still pictures, motion pictures, audio or video recording of the minor in order to promote and advance the mission of the Catholic Church and future events on its website/Facebook/posters. Christ the King Church along with the Archdiocese of Portland agree to take all necessary precautions and to not display any identifying information (full name, age, etc) for the child and adult whose image is used for this purpose. This permission will remain in effect for one year from the date written below unless revoked by written notice to Christ the King Church.

Parent Signature _____

Date: ____/____/20____