



# Journey of Faith Registration | 2023-2024

*1<sup>st</sup> – 8<sup>th</sup> Grade Religious Education*

*Classes Meet Sundays 8:45-9:45am | Start Date: September 17*

**Family Last Name:** \_\_\_\_\_

## **Father/Guardian Information**

Name:
Email:
Phone:

## **Mother/Guardian Information**

Name:
Email:
Phone:

## **Family Address**

Street Address:		
City:	State:	Zip:

## **Emergency Contact Information**

Name:
Relationship:
Phone:

**Child 1**

Name:	
Date of Birth:	Grade:
Sacraments Previously Received and Date/Year:	
Additional Information (Allergies, Special Needs, Personality, etc.):	

**Child 2**

Name:	
Date of Birth:	Grade:
Sacraments Previously Received and Date/Year:	
Additional Information (Allergies, Special Needs, Personality, etc.):	

**Child 3**

Name:	
Date of Birth:	Grade:
Sacraments Previously Received and Date/Year:	
Additional Information (Allergies, Special Needs, Personality, etc.):	

List additional children's names below and attach their information on a separate piece of paper:

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**Releases**

Please read the following releases. If you would like to speak to the Director of Religious Education about any of these releases call 419-244-9575.

**Emergency Medical Transport and Treatment**

In the event reasonable attempted to contact me have been unsuccessful, as parent/legal guardian, I authorize (1) the transfer of my child to any hospital reasonably accessible and (2) the treatment of my minor child(ren) by a qualified and licensed medical doctor in the event of a medical emergency which – in the opinion of the attending physician – may endanger his/her life, cause physical disability, or undue discomfort if delayed. This authorization does not cover major surgery unless opinions of two licensed physicians, concurring in the necessity for surgery, are obtained prior to the performance of such surgery.

This consent pertains to all children mentioned on this form. If specifications for certain children are necessary, please note them below.

\_\_\_ I grant consent. \_\_\_ I do not grant consent.

**VIRTUS Release**

Journey of Faith will present a sexual abuse prevention program, *Teaching Safety – Empowering God’s Children*, as part of one class session by the end of October. The creators of the *Protecting God’s Children* program developed the *Teaching Safety* program. This program is provided to us by the Diocese of Toledo and is a part of our ongoing effort to help create and maintain a safe environment for children and to protect all children from sexual abuse.

The scheduled lesson is being offered to all school age students at Rosary Cathedral. As a parent, you have the right to choose whether your student participates. We encourage you to read the overview on [www.virtus.org](http://www.virtus.org) so you’ll be aware of the nature of the *Teaching Safety* program. If you have any questions about the program or the lesson, please contact the Director of Faith Formation at 419-244-9575.

This consent pertains to all children mentioned on this form. If specifications for certain children are necessary, please note them below.

\_\_\_ I grant consent. \_\_\_ I do not grant consent.

Parent’s Name (Printed): \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_