



QUEEN OF PEACE  
Catholic Parish

# PARISH REGISTRATION & \*WCFR Registration for Youth & Children

Questions or to offer your gifts or talents:

Please call the pastoral office at 503-364-7202 or email to church@qpsalem.org

Please return form to: Collection basket, pastoral or school office, or P.O. Box 3016, Salem, OR 97302

Please Print

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

**Adult:** Photo/Video Permission:  YES (& please sign \*\*P/V Permission box on back side)  NO

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Title: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Home / Office / Cell UNLISTED?  Yes  No

Catholic Sacraments Received:  Baptism  1st Communion  Confirmation  Marriage

**Adult:** Photo/Video Permission:  YES (& please sign \*\*P/V Permission box on back side)  NO

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Title: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Home / Office / Cell UNLISTED?  Yes  No

Catholic Sacraments Received:  Baptism  1st Communion  Confirmation  Marriage

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Mailing Address (if different than street): \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Alternate Address: Active FROM: Month: \_\_\_\_\_ Day: \_\_\_\_\_ TO: Month: \_\_\_\_\_ Day: \_\_\_\_\_

Send mail to alternate address when applicable?  YES  NO

Alternate Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Regular Donation Preference:  Weekly Envelopes  Monthly Envelopes  Info about automated giving

**Sacramental Preparation:** Please check below if you **would like to be contacted** with information about:

Baptism:  Infant – Gr. 2  Gr. 3-5  Gr. 6-12  Adults

1st Reconciliation/1st Communion:  Gr. 2-5  Gr. 6-12  Adults

Confirmation:  Gr. 8-12  Adults

Marriage: If you were not married in the Catholic Church and would like to celebrate this sacrament, you are invited to contact Father Tim.

In the Parish Directory, may we list your Name:  Yes  No Address:  Yes  No Phone #:  Yes  No

(OVER)

**\*\*Photo/Video Permission:** I hereby give Queen of Peace Parish/School permission of those family members indicated on this form to use photographs/videos of these family members on its website, its publications, and/or on their high school youth *Facebook* page. I understand that there will be no identifying information (e.g., name, age, etc.) included in these publications. All requests to have pictures/videos removed will be honored.

**Signature (Adult/Parent/Legal Guardian):** \_\_\_\_\_

All Children, Youth, & Adult Children living at home						
First Name	Last Name	Grade	M F (Gender)	Birth Date	School	Youth Email (Gr. 6-12 only)
<b>Allergies &amp;/or Special Needs:</b>						<b>*WCFF</b>
<b>Catholic Sacraments Received:</b> ___ Baptism ___ 1st Communion ___ Confirmation				<b>**Photo/Video Permission: ___NO ___YES (&amp; please sign P/V Perm. above)</b>		<input type="checkbox"/>

  

First Name	Last Name	Grade	M F (Gender)	Birth Date	School	Youth Email (Gr. 6-12 only)
<b>Allergies &amp;/or Special Needs:</b>						<b>*WCFF</b>
<b>Catholic Sacraments Received:</b> ___ Baptism ___ 1st Communion ___ Confirmation				<b>**Photo/Video Permission: ___NO ___YES (&amp; please sign P/V Perm. above)</b>		<input type="checkbox"/>

  

First Name	Last Name	Grade	M F (Gender)	Birth Date	School	Youth Email (Gr. 6-12 only)
<b>Allergies &amp;/or Special Needs:</b>						<b>*WCFF</b>
<b>Catholic Sacraments Received:</b> ___ Baptism ___ 1st Communion ___ Confirmation				<b>**Photo/Video Permission: ___NO ___YES (&amp; please sign P/V Perm. above)</b>		<input type="checkbox"/>

  

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<b>Allergies &amp;/or Special Needs:</b>						<b>*WCFF</b>
<b>Catholic Sacraments Received:</b> ___ Baptism ___ 1st Communion ___ Confirmation				<b>**Photo/Video Permission: ___NO ___YES (&amp; please sign P/V Perm. above)</b>		<input type="checkbox"/>

**\*WCFF (Whole Community Faith Formation)** is an opportunity for Adults, Youth, and Children, to join together for fellowship, music, and faith formation. Please join us Sunday mornings, September through May, 9:45-10:45am in the Gym as we learn how our Catholic faith can change our lives. Everyone is welcome!

**WCFF Registration:** If you would like your child/children enrolled in WCFF during this current school year, please check the WCFF box above and fill out the information below. We are grateful for your support in helping cover the cost of resources, supplies, and materials (\$30/person for WCFF and \$45 for Sacramental Prep.) You may include a check with your registration form or place it in the offertory any time this year. Please mark "WCFF" on the check memo line. Thank you for prayerfully considering your financial support of these ministries!

**Emergency Contact & Authorization:** In case of illness, accident or emergency to the children/youth named above, the Archdiocese of Portland and its representatives are authorized to process as indicated below.

Primary Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Secondary Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Family Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Name of Medical Insurance Co.: \_\_\_\_\_ I.D. or Group #: \_\_\_\_\_

I authorize the Archdiocese of Portland and its representatives to use their judgment in determining emergency care and procedures for my child/children. I also understand and agree that the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

**(Required) SIGNATURE (parent/legal guardian):** \_\_\_\_\_ **Date:** \_\_\_\_\_