

Family Details (please print)

Date: _____

Last Name _____ Home PH. _____

Address: _____

Mailing, if different _____

Regular Donation Preference: ____ weekly envelopes

____ monthly envelopes ____ ParishPay



PARISH REGISTRATION

503-364-7202 church@qpsalem.org
Please return form to: Collection basket, or
 P.O. Box 3016, Salem, OR 97302

| Adult Names Living in the home | Birthdate | Cell Phone # | Email | Catholic Sacraments received, |
|-----------------------------------|-----------|----------------|-----------------------------|--|
| | | | | Bap. ____ 1 st Euch ____ Conf ____ Marriage ____ |
| | | | | Bap. ____ 1 st Euch ____ Conf ____ Marriage ____ |
| Children at home | Age & DOB | School & grade | Allergies or Special Needs: | Please circle |
| (M/F) | | | | Bap. 1 st Euch Conf. |
| (M/F) | | | | Bap. 1 st Euch Conf. |
| (M/F) | | | | Bap. 1 st Euch Conf. |
| (M/F) | | | | Bap. 1 st Euch Conf. |
| (M/F) | | | | Bap. 1 st Euch Conf. |
| (M/F) | | | | Bap. 1 st Euch Conf. |

****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): _____

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:** _____

My Family will also be participating in WCFF, please register me for this!

***WCFF (Whole Community Faith Formation)** is an opportunity for everyone to learn how our Catholic faith can change our lives. Please join us Sunday mornings, October through May, 9:45-10:45am in the Gym. Everyone is welcome!

If you would like your child/children enrolled in WCFF during this current school year, please check the WCFF box above. A suggested donation of \$30/person for WCFF and \$45 for Sacramental Prep. may be included 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, and note that assistance is available if needed!