

**Family Details (please print)**

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

Last Name \_\_\_\_\_ Home PH. \_\_\_\_\_

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

Mailing, if different \_\_\_\_\_

Regular Donation Preference: \_\_\_\_ weekly envelopes  
 \_\_\_\_ monthly envelopes \_\_\_\_ WeShare automatic giving



**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 <sup>st</sup> Euch ____ Confirmation ____ Marriage ____
				Bap. ____ 1 <sup>st</sup> Euch ____ Confirmation ____ Marriage ____
Children at home	Age & DOB	School & grade	Allergies or Special Needs:	Please circle
(M/F)				Bap. 1 <sup>st</sup> Euch Confirmation
(M/F)				Bap. 1 <sup>st</sup> Euch Confirmation
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Family Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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**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!

**Family Details (please print)**

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

Last Name \_\_\_\_\_ Home PH. \_\_\_\_\_

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

Mailing, if different \_\_\_\_\_

Regular Donation Preference: \_\_\_\_ weekly envelopes  
 \_\_\_\_ monthly envelopes \_\_\_\_ WeShare automatic giving



**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 <sup>st</sup> Euch ____ Confirmation ____ Marriage ____
				Bap. ____ 1 <sup>st</sup> Euch ____ Confirmation ____ Marriage ____
Children at home	Age & DOB	School & grade	Allergies or Special Needs:	Please circle
(M/F)				Bap. 1 <sup>st</sup> Euch Confirmation
(M/F)				Bap. 1 <sup>st</sup> Euch Confirmation
(M/F)				Bap. 1 <sup>st</sup> Euch Confirmation
(M/F)				Bap. 1 <sup>st</sup> Euch Confirmation
(M/F)				Bap. 1 <sup>st</sup> Euch Confirmation
(M/F)				Bap. 1 <sup>st</sup> Euch Confirmation

**\*\*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 #: \_\_\_\_\_

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