



QUEEN OF PEACE  
Catholic Parish

# Queen of Peace Parish & Faith Formation Registration

Date \_\_\_\_\_

- Section 1: Adults w/ no children living at home
- Sections 1 & 2: Adults w/ children or youth living at home
- Sections 1-3: To register for childcare, children's & youth ministries & to request information on preparing for sacraments (Baptism, 1<sup>st</sup> Eucharist/1<sup>st</sup> Reconciliation, or Confirmation)

## 1. Adult Information (for parish records)

Adult Name(s) Title (Mr, Mrs, Ms, Dr...) then First & Last	Birth Date (mm/dd/yy)	Religion	Email (To keep you informed of parish events)	Cell or Business Phone (Please Specify)	Occupation	Please Circle: S=Single M=Married D=Divorced W=Widowed
1				<input type="checkbox"/> Cell <input type="checkbox"/> Business		S M D W
				<input type="checkbox"/> Cell <input type="checkbox"/> Business		S M D W
				<input type="checkbox"/> Cell <input type="checkbox"/> Business		S M D W

**Mailing Address:** \_\_\_\_\_ **City/Zip:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Regular Donation Preference:**  Weekly Envelopes  Monthly Envelopes  Information about Automated Giving through *ParishPay*

**In the Parish Directory, may we list your Name**  Yes  No **Address**  Yes  No **and Phone Number**  Yes  No

**Whole Community Faith Formation (WCFF):** All adults, youth & children are invited to attend WCFF on Sunday mornings between the Masses (9:45-10:45am). Adults do not need to register for WCFF. **Suggested Donation:** Please consider making a donation to cover the cost of WCFF materials. Suggested donation is \$25/person/year. Please indicate "WCFF" on the check memo line & place in the offertory basket or send to the parish office. Thank you for your generous support!

**Special Needs:** We attempt to modify our programs and events to meet the needs of people with all levels of ability. If any family member has a medical condition or special need that we should be aware of, please contact the parish office at 503-364-7202 or holly@qpsalem.org.

### Getting Involved

★ Please place your family member's **INITIALS** next to the ministries about which you would like more information ★

<p><b>Mass &amp; Music Ministry</b></p> <p><input type="checkbox"/> Adult/Youth Choir</p> <p><input type="checkbox"/> Children's Choir</p> <p><input type="checkbox"/> Instrumentalist or Cantor</p> <p><input type="checkbox"/> Eucharistic Ministers</p> <p><input type="checkbox"/> Homebound Ministry</p> <p><input type="checkbox"/> Ushers &amp; Greeters</p> <p><input type="checkbox"/> Provide or Arrange Flowers</p> <p><input type="checkbox"/> Altar Servers</p> <p><input type="checkbox"/> WCFF Band</p> <p><b>Adult Faith Formation</b></p> <p><input type="checkbox"/> Marriage Enrichment Series</p>	<p><input type="checkbox"/> Whole Community Faith Formation</p> <p><input type="checkbox"/> Women's Bible Studies</p> <p><input type="checkbox"/> Men's Bible Study</p> <p><input type="checkbox"/> Young Adults: First Thursday Theology &amp; Soul Espresso</p> <p><input type="checkbox"/> RCIA; Adult Prep-Baptism, Eucharist &amp; Conf.</p> <p><input type="checkbox"/> Women's Retreats</p> <p><input type="checkbox"/> Marriage Prep. &amp; Weddings</p> <p><input type="checkbox"/> Prayer Groups</p>	<p><b>Youth Ministry</b></p> <p><input type="checkbox"/> Opportunities for fun, faith &amp; fellowship</p> <p><b>Children</b></p> <p><input type="checkbox"/> Queen of Peace School</p> <p><input type="checkbox"/> K-Gr. 5 Faith Formation</p> <p><input type="checkbox"/> Childcare/Preschool</p> <p><b>Service &amp; Outreach Ministries</b></p> <p><input type="checkbox"/> Care Ministry</p> <p><input type="checkbox"/> Christmas Giving Tree</p> <p><input type="checkbox"/> Food Prep. for Funerals</p> <p><input type="checkbox"/> Foster Parents' Night Out</p>	<p><input type="checkbox"/> Habitat for Humanity</p> <p><input type="checkbox"/> Parish Nurse Program</p> <p><input type="checkbox"/> Salem Interfaith Hospitality Network</p> <p><input type="checkbox"/> St. Vincent de Paul Society</p> <p><input type="checkbox"/> Stephen Ministry</p> <p><input type="checkbox"/> Table of Plenty</p> <p><b>Parish Councils, Groups &amp; Organizations</b></p> <p><input type="checkbox"/> Pastoral Adv. Council</p> <p><input type="checkbox"/> Admin. Adv. Council</p>	<p><input type="checkbox"/> Bridge &amp; Pinochle</p> <p><input type="checkbox"/> Happy 39ers</p> <p><input type="checkbox"/> Knights of Columbus</p> <p><input type="checkbox"/> Neo-Catechumenal Way</p> <p><input type="checkbox"/> Preschool Play Group</p> <p><input type="checkbox"/> Queens of Peace</p> <p><input type="checkbox"/> Shamrock Group</p> <p><input type="checkbox"/> Vocations Committee &amp; Salem-Area Serra Club</p> <p><input type="checkbox"/> Boy/Cub Scouts</p> <p><input type="checkbox"/> Girl Scouts</p>
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**Please See Other Side →**

**Questions?** 503-364-7202 or holly@qpsalem.org **Please Return Form To:** Collection basket, parish or school office, PO Box 3016, Salem, OR 97302, or any staff member.

# Queen of Peace Parish & Faith Formation Registration

★ Please Complete Other Side As Well ★

## 2. Child / Youth Information for all children living at home (for parish records)

Child or Youth Name (First & Last)	Grade (2009-2010)	Gender <input checked="" type="checkbox"/>		Birth Date (mm/dd/yy)	School Attending	Youth Email ( <b>Grade 6-12 only</b> ) (Used to keep you informed of youth ministry events)
		M	F			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			

2

**Suggested Donations:** Please consider making a donation to cover the cost of materials. Suggested donation is \$25 per person for Whole Community Faith Formation. Please indicate "WCFF" on the check memo line & place in the offertory basket or send to the parish office. Thank you!

## 3. To Register for Childcare, WCFF (Infant-Grade 12) or other Youth Activities

Child or Youth Name (First)	Children's Ministry (Infant-Gr. 5)	Youth Ministry (Gr. 6-12)	Allergies or Special Needs	List medications, dosage, reason for drug and prescribing physician	Last Tetanus Immun. or Booster Date	<input checked="" type="checkbox"/> To Request Info on Sacraments:		
						Baptism (any age)	1 <sup>st</sup> Euch./Rec. (Grades 1-12)	Confirmation (Grades 9-12)
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3

In case of illness, accident or emergency to the children/youth named above, the Archdiocese of Portland and its representatives are authorized to proceed as indicated below.

Primary Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Family Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Medical Insurance Company: \_\_\_\_\_ 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. I also give permission for my child/children to be photographed and to have personally identifiable information regarding my child/children released for parish use only.

Signature (parent/legal guardian): \_\_\_\_\_ Date: \_\_\_\_\_

**Please See Other Side →**

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