

ST. MARY- ST. JOSEPH RELIGIOUS EDUCATION REGISTRATION FORM

FAMILY INFORMATION

MOTHER'S Full Name (First, Middle and Last) _____

Mother's **MAIDEN NAME** _____

MOTHER'S RELIGION _____

FATHER'S FULL NAME (first, Middle and Last) _____

FATHER'S RELIGION _____

Residential **HOME ADDRESS** of the Family _____

CITY _____ STATE _____ ZIP CODE _____

Does the child(ren) live with: Both Parents Mother Father Grandparent Legal Guardian

If child(ren) do not live with both parents, does non-custodial parent have permission to pick the child up?

Yes No Is this a mutual agreement or court ordered? Agreement Court ordered

Does this residence have a **LAND LINE** /HOME PHONE NUMBER _____

FATHER'S CELL # (____) _____ **FATHER'S WORK#** (____) _____

MOTHER'S CELL # (____) _____ **MOTHER'S WORK#** (____) _____

Primary **E-MAIL** Address of most responsive parent _____

Alternate Parent E-mail Address _____

Indicate the **EMERGENCY CONTACT** person's relationship to the family/child. _____

Emergency contact person's **HOME PHONE#** (____) _____

Emergency Contact person's **ALTERNATE PHONE #** (____) _____

FULL name of a person who is able to serve as a substitute in case of an emergency when you cannot be reached _____

STUDENT INFORMATION (one student per student information page)

FULL NAME of Student (First, Middle, Last) _____

Month, Date and Year of the Student's **birth** (for example 02/30/2000) _____

Date of Baptism _____ Church where Baptized _____

CITY _____ ST _____ ZIP _____

Date of 1st Holy Communion _____ at (church name) _____

Name of the **Public School** attended by Student _____

Public School **Grade Level** Student will enter in September _____

Name of your child's **physician** _____

Indicate the **phone number** of your child's physician _____

List all **medication** which are being taken by your child _____

Indicate whether your child has a **MEDICAL NEED** that warrants mention: asthma and uses an inhaler, diabetes, seizures, etc. _____

Indicate all of your child's **food or other allergies** _____

Indicate whether your child has a **PHYSICAL NEED** (motor, hearing, or visual impairment, etc.) _____

X _____

Signature (name of the person who has filled out this registration form)

In case of accident or illness, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize the representative to call the physician indicated and to follow the physician's instruction. If it is impossible to reach the physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that I have stated above.

Parent/Guardian Signature: _____ Date: _____

This form is to be used whenever children are photographed or video-ed in connection with parish religious education programs. Since religious education programs are parish-based, the parish is the entity being indemnified. No child whose parent/legal guardian has not signed a release may have his/her image recorded.

MEDIA AUTHORIZATION AND RELEASE

I hereby consent to the taking of photographs, movies, videos, and images capable of reproduction in any medium of me or my children or children of whom I am the designated guardian

Names of Children, Parent or Guardian

by _____ Parish, the Archdiocese of New York and its parents, affiliates, trustees, directors, members, officers, employees, volunteers, agents, invitees, and contractors (the "Parish").

I hereby grant to the parish the right to edit, reproduce, use and reuse images for any and all purposes including, but not limited to, advertising, promotion and display, and I hereby consent to the editing, reproduction, use and re-use of said images in any and all media in existence and all media yet in existence including, but not limited to, video, print, television, Internet, and Pod-Casts. I forever grant, assign, and transfer to the parish any right, title and interest that I and/or my child/children may have in any images, including negatives, taken of me and/or my children by the parish. I hereby agree to release, indemnify and hold harmless the parish from any and all claims, demands, actions or causes of actions, loss, liability, damage or cost arising from this authorization.

Print Name

Name of Child/Children (if applicable)

Signature

Signature of Parent or Guardian

Date