

Office Use:

[illegible][illegible]

FIRST NAME	LAST NAME	PRIMARY PHONE NUMBER	EMAIL ADDRESS

[illegible]

Religious Education/Sacrament/Youth Ministry
2023-2024 Registration Form
(continued)



MEDICAL AND/OR EDUCATIONAL NOTATION – Does your child have any medical conditions (including allergies) and/or special educational needs or learning disabilities that we should be aware of?

No () Yes () If yes, please specify below

Comments: _____

Emergency Contact Name _____ Phone # _____ Relationship to child/teen _____

EMERGENCY CONTACT OTHER THAT PARENT (used only if parent cannot be reached)

NAME _____

CELL and/or HOME PHONE _____



DISMISSAL RELEASE INFORMATION - Other than parents, to whom may your child(ren) be released from Faith Formation classes?

Name	Phone	Relationship to child/teen
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_____	_____	_____
_____	_____	_____

Is there anyone to whom your child(ren) should NOT be released? _____
Name and relationship to child(ren)



PARENT/GUARDIAN CONSENT FORM – PHOTO/VIDEO RELEASE

☐ I grant permission for my child to be photographed during 2023-2024 Faith Formation classes, liturgies, activities and events. I further agree that these photos (still and moving) may be used in a variety of contexts to spotlight St. Catherine of Siena Parish, including the parish and diocesan websites, parish bulletin boards, bulletins, newsletters, news releases for community newspapers, etc.

☐ I do not grant permission for my child to be photographed.

☐ Please do not include my child(ren)'s name(s) on the photograph or video information.

Parent/Guardian Signature: _____ Date: _____