

Religious Education Registration Form

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Photo Release

With my signature, I hereby grant permission to Our Lady of the Lake Parish to publish a photo image of myself or a child in my family. I understand and agree that the use of my child(ren)'s picture is not an invasion of privacy. Neither I nor anyone claiming to be speaking on my behalf will later object to the Parish's use of this/these photographs or videotapes.

Signature of Parent or Legal Guardian

Date _____

Medical Consent

In the event of an illness or injury and I cannot be reached, I/We give permission to transport my child to a hospital for emergency medical treatment. I/We also grant permission to any and all health care providers designated by Our Lady of the Lake staff to provide all children listed above any and all necessary medical care related to the injury or illness. I/We further understand that I/We will be contacted as soon as practical as to the medical emergency and be provided with all necessary information related to the medical emergency.

Signature of Parent or Legal Guardian

Date _____

\$35.00 book fee per child

Make checks payable to St. Ann Parish

Financial assistance is available upon request.

Please return the completed form along with the book fee by **September 1** by way of collection basket, mail (St. Ann, PO Box 247, Cassopolis MI 49301) or by handing it to Margaret (parish lay administrator).

For further questions contact the parish office at
269-445-3000 or email stanncass@gmail.com

Visit our website at www.stanncass@gmail.com for additional information.