

Please return by **August 20, 2023.**

Yes/No if yes Month/Year _____

Zin Code

Profession

Are you a registered member of St. Boniface? Yes ___ No ___
parish? _____

Are you a registered member at another parish? Yes ___ No ___ If so what

(Name of parish & location)

[illegible]

Please note any pertinent information that may affect your child's participation in faith formation activities here (e.g. Health info, allergies, medications, family or extra-curriculars)

No child will be denied faith formation!

checks payable to St. Boniface

German town, WI 53022

Questions please call 262-628-8143 or email

ikascht@stbonifacewi.org

Payment enclosed _____ **Monthly payments** _____ **Financial assistance** _____ **Scrip** _____

For office use only:	check #	amount	date
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Share Your Gifts

The Archdiocese of Milwaukee requires all adults who have contact with minors in a parish and/or school setting must attend a Safeguarding session, fill out a background check, and read the Code of Ethics prior to volunteering. Contact Carolyn Gall cqall@stbonifacewi.org in the parish rectory for more information.

I want to volunteer (please check all that apply):

Faith Formation Commission _____

Wednesday evenings _____

Sunday mornings _____

Classroom _____

At home _____

Special Event _____

Chaperone/Field Trip _____

Release of Information 2023-2024

"Each parish/school should establish policies regarding the release of names, addresses, phone numbers, and images of students, faculty, staff, and school families. For inclusion in directories, brochures, websites, or any other medium permission needs to be obtained from the individual(s) involved, and in the case of minors, from their parent/guardian. General group pictures of students, staff, etc. without specific identification of individuals are not subject to this policy" (P1112).

I, _____, consent to the use by **St. Boniface School/Parish**
(Printed Name of Parent)

of any videotape, photograph, audiotape or any other visual or audio reproduction in which I or my child(ren) may appear as a participant in St. Boniface programs. I understand that these materials are being used for promotion of **St. Boniface School/Parish**. Such promotional activities extend to website, parish newsletter, recruitment, fund-raising, advocacy, etc. I release the staff, volunteers, etc. of **St. Boniface School/Parish** from any liability connected with the use of my or my child(ren)'s picture or voice recording as part of any of the above or similar activities. Pictures are strictly for parish use and at no time, without consent, will any names be used with the pictures. ***This Release is in place for the duration of our participation in all St. Boniface School/Parish Programs.***

Signature of Parent

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Date