

SACRED HEART PARISH

Religious Education: Youth Ministry

Registration for the 2016-2017 School Year

Family Name

Parents

Address

City _____ Zip _____

Home Phone _____ Mobile Phone _____ for

Mobile Phone _____ for

Email Address

Names of Children Enrolling:

1. _____ DOB _____ Grade _____

2. _____ DOB _____ Grade _____

3. _____ DOB _____ Grade _____

4. _____ DOB _____ Grade _____

Additional Children in Home:

_____ DOB _____

_____ DOB _____

_____ DOB _____

Emergency Contact:

_____ Phone _____

_____ Phone _____

Food Allergies _____
Questions please contact the Parish Office at 426-7154.

MEDIA RELEASE FORM

Sacred Heart Parish will not photograph, videotape and/or voicetape individuals in its programs without consent.

This form allows you to give permission for your child/children to be photographed, videotaped and/or voicetaped by school personnel and/or area news reporters. Photos, videotapes and/or voicetapes, when consented to, will only be used for the purposes you specify below.

I, _____ (parent/guardian), hereby give permission for the personnel of Sacred Heart parish to photograph, videotape and/or voicetape my child/children (or allow area news reporters to do the same) for the purposes of (circle the number of the items that you will allow):

1. Public information for the promotion of Sacred Heart Parish programs
2. In-Parish purposes only (e.g., bulletin, poster boards in Church and offices)

This consent must be re-examined and signed each year.

Parent/Guardian Signature _____ Date _____

Student Name(s) _____
