

Previous Religious Education: No () Yes _____

Name of Church/Address

Schedules: () English 8:30–9:45 am; () Spanish 10:30–11:45 am

Registered in our Parish? No () Yes (Envelope # _____)

Registration Fee: \$50.00 regular class; Sacramental Preparation: \$50.00

MEDICAL RELEASE AND PARENT ACKNOWLEDGEMENT

STUDENT'S NAME: _____

MEDICAL INFORMATION (ALLERGIES?): _____

DOCTOR'S NAME/PHONE #: _____

EMERGENCY CONTACT:

NAME/RELATIONSHIP: _____ CELL #: _____

In the event of an emergency where the parent cannot be reached, the child will be taken to the nearest medical facility. I (We) authorize any representative of Blessed Sacrament Catholic Church to seek medical treatment for my child.

PARENT/GUARDIAN SIGNATURE: _____

PRINTED PARENT NAME: _____ DATE: _____

PERMISSION FOR PHOTO/DVD

From time to time, publicity releases for parish bulletin, website, newspapers television and other media may be prepared about events occurring at the parish. These may or may not be accompanied by photos or videotape of students. The releases may be prepared by Blessed Sacrament Church or a media representative.

I do ___ do not ___ give permission for my child/children to be included in such publicity releases.

PARENT/GUARDIAN SIGNATURE: _____

PRINTED PARENT NAME: _____ DATE: _____

This consent is renewed at the beginning of each Religious Education/Faith Formation year. This consent may be revoked in writing.