

NORTH AMERICAN MARTYRS PARISH

St. Mary's ~ St. Rose

Religious Education Registration form 2019 – 2020

Parish Registration is required for participation in the Religious Education Program. Envelope # _____

Registration fee:\$50 Amount Paid _____ Date _____

Full Name of Child: _____ Grade: _____

Date of Birth: _____ Place of Birth: _____

Was Your Child Baptized? (Circle Yes or No) YES NO

If Yes You Must Provide a Copy of the Baptism Certificate.

Did Your Child receive First Communion? (Circle Yes or No) YES NO

If Yes You Must Provide a Copy of the First Communion Certificate.

Was your child enrolled in religious education classes last year? (Circle Yes or No) YES or NO

Fathers Name _____

Mother's Maiden Name _____

Address: _____ City _____ Zip _____

Home Phone #: _____ Cell Phone: _____

E-mail: _____

Emergency Contact: _____ Phone _____

Special Instructions/Allergies _____

It is the Archdiocese's mandate that each child be enrolled in a religious education program one year prior to First Eucharist and two years prior to Confirmation.

THE NORTH AMERICAN MARTYRS PARISH PHOTO RELEASE FORM

I hereby grant the North American Martyrs Parish permission to use my likeness in a photograph, video, or other digital media (“photo”) in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of the North American Martyrs Parish and will not be returned.

I hereby irrevocably authorize the North American Martyrs Parish to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge the North American Martyrs Parish from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT(S)/GUARDIAN(S) AS EVIDENCED BY THE SIGNATURE(S) BELOW. I ACCEPT:

Print Name of Student

If under 18:

Individually and as Parent/
Legal Guardian

Date

Individually and as Parent/
Legal Guardian

Date