

St. Mary's Church
 RELIGIOUS EDUCATION
 2011-2012 NEW FAMILY REGISTRATION FORM

Family ID #:	Today's Date: ____/____/____
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Family Name:	_____
Father/Guardian:	Mother/Guardian:
Last Name _____	Last Name: _____
First Name: _____	First Name: _____

Releases:	EMERGENCY MEDICAL AUTHORIZATION
	Student Names _____ In case of accident or serious illness, I request the parish to contact me or the emergency contact listed below. If this cannot be done, I authorize the parish to call the physician or dentist listed on this form and to follow his/her instructions. If the physician or dentist named cannot be reached, the parish may seek medical services that seem necessary. I realize the parish does not assume responsibility for the payment of medical expenses. Physician/Clinic: _____ Phone: _____ Dentist: _____ Phone: _____ Hospital preference: _____ Insurance Company: _____ Policy Number: _____ Parent/Guardian Signature: _____
	Emergency Contact Information
	Name: _____ Relationship: _____ Address: _____ Phone: _____ City/State: _____ Zip: _____

	AUTHORIZATION TO PUBLISH
	I hereby grant permission to St. Mary's Church to publish pictures of me and/or my child(ren) taken during Religious Education Activities, [and any artwork created during the course of the Religious Education program] on the church's website or in the church's publicity information, newsletters, or bulletins. I understand that if I give notice to the webmaster that I object to any particular picture of me and/or my child(ren), it will be removed as soon as possible. I understand that neither I nor any child(ren) in question will be paid any royalty or other compensation for the publication of any pictures. I further state that I have the right to grant or refuse this permission as I am the child(ren)'s parent or legal guardian.
	Child(ren)'s Names _____ Parent/Guardian Signature: _____

For office use only:	Date Processed:
Form Completed: