

St. Mary's Church Religious Education Program

RE-REGISTRATION FORM

Fee Paid: \$ _____ Date: _____

Please complete (PRINT) as much information as possible. (Conteste lo más que pueda - EN LETRA MOLDE.)

STUDENT INFORMATION (INFORMACIÓN DEL ESTUDIANTE)

First Name (Nombre)

Last Name (Apellido)

Cell Phone (Teléfono Móvil)
() -

Address (Dirección), Apartment # (# de Apartamento), City (Ciudad), State (Estado), Zip (Código Postal)

School (Escuela)

Grade (Grado)

E-Mail (Correo Electrónico)

Religious Education Class in what language (Clase de catecismo en que idioma)? English Español

Sacrament(s) your child NEEDS (Sacramento(s) que NECESITA SU HIJO/A)?

Baptism (Bautismo)

Reconciliation/Communion (Confesión/Comunión)

Confirmation (Confirmación)

Does child receive SPECIAL ASSISTANCE in school (Recibe el niño ASISTENCIA ESPECIAL en la escuela pública)?

YES (Sí) NO If YES, explain (Si necesita ayuda, explique) _____

Does child have any MEDICAL CONDITION (Tiene el niño alguna CONDICION MÉDICA)? YES (Sí) NO

If YES, explain (Si tiene condición médica, explique) _____

Child takes medication (El niño toma medicamento)? YES (Sí) NO List/Qué? _____

PARENT/GUARDIAN INFORMATION (INFORMACIÓN DE LOS PADRES/TUTOR LEGAL)

Child resides with (El niño vive con):

Mother (Madre) Name (Nombre)

Cell Phone (Teléfono Móvil)
() -

Father (Padre) Name (Nombre)

Cell Phone (Teléfono Móvil)
() -

Legal Guardian (Tutor Legal) Name (Nombre)

Cell Phone (Teléfono Móvil)
() -

Is there an order to limit access to the non-custodial parent (Existe una orden judicial que limite el acceso a uno de los padres sin custodia)? Yes (Sí) No

Name of non-custodial parent (Nombre del Padre o Madre sin custodia): _____

Name of parent or parent substitute who will transport child to and from the Program (Nombre del Padre, Madre o Sustituto que traerá y recogerá al niño del Programa): _____

Cell Phone (Teléfono Móvil): () -

EMERGENCY CONTACT INFORMATION IF PARENT/LEGAL GUARDIAN CAN'T BE REACHED (SI LOS PADRES O TUTOR NO PUEDEN SER LOCALIZADOS, COMUNICARSE CON LA SIGUIENTE PERSONA)

Name (Nombre)

Relationship to child (Parentesco al niño)

Address (Dirección)

Cell Phone (Teléfono Móvil)

Signature of Parent/Guardian (Su firma)

Date (Fecha)

This form is to be used whenever children are photographed or video-ed in connection with parish religious education programs. Since religious education programs are parish-based, the parish is the entity being indemnified. No child whose parent/legal guardian has not signed a release may have his/her image recorded.

MEDIA AUTHORIZATION AND RELEASE

I hereby consent to the taking of photographs, movies, videos, and images capable of reproduction in any medium of me or my children or children of whom I am the designated guardian:

Names of Children, Parent or Guardian

by St. Mary's Parish, the Archdiocese of New York and its parents, affiliates, trustees, directors, members, officers, employees, volunteers, agents, invitees, and contractors (the "Parish").

I hereby grant to the parish the right to edit, reproduce, use and reuse images for any and all purposes including, but not limited to, advertising, promotion and display, and I hereby consent to the editing, reproduction, use and re-use of said images in any and all media in existence and all media yet in existence including, but not limited to, video, print, television, Internet, and Pod-Casts.

I forever grant, assign, and transfer to the parish any right, title and interest that I and/or my child/children may have in any images, including negatives, taken of me and/or my children by the parish. I hereby agree to release, indemnify and hold harmless the parish from any and all claims, demands, actions or causes of actions, loss, liability, damage or cost arising from this authorization.

Print Parent or Guardian Name

Name of Child/Children (if applicable)

Signature of Parent or Guardian

Signature

Date