

# SPIRITUS CHRISTI CHURCH

121 N. Fitzhugh Street, Rochester, NY, 14614  
Phone: (585) 325-1180 FAX: (585) 325-1191

## RELIGIOUS EDUCATION REGISTRATION FORM

Family Name: _____			
Address: _____			
Street	City	State	Zip
Home Phone: _____			
Parent Name: _____	Work Phone: _____	Cell Phone: _____	
Parent Name: _____	Work Phone: _____	Cell Phone: _____	
EMAIL Address: _____			
<input type="checkbox"/> Yes, you can communicate with me via e-mail			

Name, address and phone # of parent if different from above:			
Name: _____			
Address: _____			
Street	City	State	Zip
Phone: _____		Cell Phone: _____	

Child's Name: _____		
(Last)	(First)	(Middle)
Date of Birth (Mo/Day/Yr): _____		
School Attending: _____		Grade in Sept.: _____
Will this child be preparing for a sacrament? (Y) (N)		
First Communion (2 <sup>nd</sup> Grade & above), First Reconciliation (4 <sup>th</sup> Grade & above)		
Child's Interests (Sports, music, other):		

Child's Name: _____		
(Last)	(First)	(Middle)
Date of Birth (Mo/Day/Yr): _____		
School Attending: _____		Grade in Sept.: _____
Will this child be preparing for a sacrament? (Y) (N)		
First Communion (2 <sup>nd</sup> Grade & above), First Reconciliation (4 <sup>th</sup> Grade & above)		
Child's Interests (Sports, music, other):		

### **PHOTO RELEASE - IMAGE USE PERMISSION**

We occasionally use photographs taken at events for the website, facebook and/or instagram and bulletin boards to promote future events or showcase past events.

- Yes, you can use photographs of my child for media purposes and church event promotion
- Yes, you may use my child's image - I need to see the photograph first to allow it
- No, you do not have my permission to use my child's image for any reason

Please indicate whether your child(ren) has any special needs: (including known allergies)

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Who should be notified in case of an emergency (If a parent cannot be reached)?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Family Physician/Practice: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is there anyone to whom the child(ren) cannot be released? (Y) (N) If yes, who?

\_\_\_\_\_

Please list any addition information you feel we should know:

In signing this form, which includes health information, I hereby certify that the information herein is correct, I give permission for my child(ren) to be transported in privately owned vehicles for medical and other emergency purposes, and for the release of medical records to an attending physician in the case of injury or illness.

In the case of an emergency, I understand that every effort will be made to contact the parents or guardian. In the event that I cannot be reached, I hereby give permission to the physician selected to secure proper treatment for my child(ren) names herin.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE REL. ED. OFFICE @ 325-1180

OFFICE USE ONLY

- UPDATED DATABASE FILE IN COMPUTER
- UPDATED EMAIL CONTACT
- UPDATED EMAIL CONTACT