

# Eastern Wayne County Cluster

## Religious Education Registration

2019-2020

### CHILD INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Is there anything we should know about your child? (i.e. allergies, medical issues, etc.)

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### PARENT INFORMATION:

Mother's Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

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### EMERGENCY CONTACT:

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

2. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

### WHICH PARISH DO YOU BELONG TO?

SJTW \_\_\_\_\_ Blessed Trinity \_\_\_\_\_ Newark \_\_\_\_\_

### PHOTO RELEASE: (Please circle YES or NO)

**YES!** I DO consent to the use and reproduction of photography taken during Faith Formation activities in which my child/children is reasonably identifiable.

**NO!** I DO NOT consent to the use of any photography in which my child is reasonably identifiable.

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

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### Additional Child Sheet

**CHILD'S INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_

Is there anything we should know about your child? (i.e. Allergies, etc.) \_\_\_\_\_

**PHOTO RELEASE: (Please circle YES or NO)**

**YES!** I DO consent to the use and reproduction of photography taken during Faith Formation activities in which my child are reasonably identifiable.

**NO!** I DO NOT consent to the use of any photography in which my child are reasonably identifiable.

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