



## 2020-2021 St. Boniface Parish Faith Formation Program Registration

Our Mission:

Christ Jesus, you call us together as a parish to sow and nurture the seeds of God's saving love in the hearts and minds of all our neighbors and beyond by living your Gospel.

### I. Family Information

Family Name: \_\_\_\_\_

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

\_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

\_\_\_\_\_

Email(s): \_\_\_\_\_

\_\_\_\_\_

Children:

\_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

**II. St. Boniface Faith Formation Registration Pick-Up Authorization**

Please list below all individuals who are authorized to pick up your child/children. The individuals will also be called in the event of an emergency and the parent(s) cannot be reached. A photo I.D. will be required for these individuals to pick up your child.

I/We, parent or legal guardian of:

**Student's Name(s):**

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authorize the additional following person(s), other than I/We the parent or legal guardian, to pick up my child from St. Boniface Parish.

**1. Person's Full Name/Relationship/Phone**

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**2. Person's Full Name/Relationship/Phone**

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Students will not be allowed to leave with anyone not recognized and authorized by St. Boniface Parish and its staff. A child will not be released to individuals without permission from the parent or legal guardian. If based on the opinion of staff, the individual appears to be impaired, the child will not be released. It is the parents' or legal guardians' responsibly to keep this authorization form up-to-date. Please complete a separate authorization for each child.

I release St. Boniface Parish from any and all responsibility for problems that may develop when the above authorized persons take my child from the premises.

Parent or Legal Guardian's Signature/Date

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**III. St. Boniface Faith Formation Registration Authorization For Use of Name, Likeness, Photographic and/or Video Image**

This authorization shall serve as parental permission for the use of name, likeness, photographic, and/or video image of a child/youth where such permission is required.

I grant permission to **St. Boniface Parish** to use my child's/youth's \_\_\_ first name only, \_\_\_ first & last name (mark (x) only one), likeness, photographic, and/or video image in the production of the following: \*Please mark (x) all that apply.

\_\_\_\_Above-named entity's official Publications, Brochures, Programs, Newsletters and other printed publications administered by the named entity.

\_\_\_\_Above-named entity's official Website, Facebook page, Instagram, Twitter and other social networking sites administered by the named entity.

\_\_\_\_Above-named entity's official postings on online video communities such as YouTube.

\_\_\_\_The official website of the Diocese of Erie ([www.eriercd.org](http://www.eriercd.org) )

I understand that if, for whatever reason, at any point in time, I decide to revoke this agreement, and I so notify the above-named entity in writing, all references to my child/youth (i.e.: name, likeness, photographic, and/or video image) will no longer be used. I understand that web page references and web page photographic images will be removed within thirty (30) days of the written notification. I understand that the above-named entity is not responsible for access to the internet information or downloads made by users using the web prior to this removal of web references (i.e.: name, likeness, photographic, and/or video image). I further understand that my child's/youth's name, likeness, photographic, and/or video image may continue to be used in any publications already printed or published prior to my revocation of consent provided herein.

I also understand that adult supervisors, coaches and/or activities sponsors may take photographic or video images of my child/youth during athletic, and/or program or extracurricular activities, for purposes of newsworthiness, post-secondary athletic or academic grants or scholarships, and for which I provide my consent. I understand that no financial or other compensation will be paid for any photo, video or work product used.

Additionally, other parents, adults, and third parties may attend and take photographs and/or video of public events and activities. Finally, I understand that such parties are not within the control of the above-named entity to direct or limit the use of any photographic or video image taken or obtained by them which may include images of my child/youth.

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Name of Child/Children (please print)

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Signature of Parent or Legal Guardian

**IV. Emergency Contact Information:**

Name/Relationship: \_\_\_\_\_

Phone(s): \_\_\_\_\_

**V. Consent for Medical Care:**

I give permission that, in my absence, my child/children whose name(s) appear on this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Faith Formation Program at St. Boniface Parish.

Parent or Legal Guardian's Signature/Date

\_\_\_\_\_

**VI. Medical Information:**

Hospital/Clinic Preference: \_\_\_\_\_

Physician Name/Address/Phone: \_\_\_\_\_

\_\_\_\_\_

Is there other information, such as allergies or special health considerations about your child/children that should be communicated to the catechist and to the administration?

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Thank You