

RE-REGISTRATION FORM for Grades K-9 / New Teen Vision
St. Julie Billiart Parish School of Religion

September 2011

Parent's Name (for mailing) _____
(First Name) (Last Name)

Address & City _____

Phone - Home: _____ Work: _____ Cell: _____ Email: _____

Children's names (Add last name if different from family name given above.)	Name of Public School & Grade (September 2010)	PSR grade (September 2010)

EMERGENCY INFORMATION

Please list any allergies or important information of which we should be aware:

Please list the number to call in case of illness, if a parent can't be located (i.e., as a neighbor or relative).

<u>Name</u>	<u>Phone</u>	<u>Relationship to Child</u>
_____	_____	_____

Please let us know if we should be aware of special circumstances such as custody of your child.

PERMISSION TO PHOTOGRAPH

I hereby (____ give, ____ do not give) permission and authorize St. Julie Billiart Church, its agents, employees, successors and assigns to photograph, or otherwise electronically or digitally record my image (or the image of the minor child for whom I am parent or legal guardian) for publication in printed or electronic form, and for my image (or the image of the minor child for whom I am parent or legal guardian) to be seen and disseminated to the general public in any media form, including, but not limited to a newsletter, poster, display, film, or video.

In consideration of my/my child's participation in a St. Julie Billiart Church program, and wishing to promote and benefit this non-profit cause, I hereby release and hold harmless St. Julie Billiart Church, the Bishop of the Roman Catholic Diocese of Cleveland, the Roman Catholic Diocese of Cleveland, their representatives, licensees, agents, employees, successors and assigns, from any and all liability of claims and demands arising out of the use of my image in any aforementioned media. I specifically waive any rights and claims that I may have or claim for privacy, libel, payment or royalties for use of the above-described photograph, as well as any other claims for damages or other relief in law or equity.

(Date) (Parent/Guardian - Signature)

FEE: \$60 for 1 student; \$100 for 2 students; \$125 for 3 or more students, plus \$25 for each student preparing for FIRST COMMUNION or CONFIRMATION. (Circle Sacrament)

Total Fee: _____ Amount Owed: _____

Amount Paid: _____ Date: _____ Received by _____ Check # _____ Cash _____