

**ST. JOHN THE BAPTIST PARISH SCHOOL OF RELIGION**

**REGISTRATION FORM 2022-2023**

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Primary Contact Phone #: \_\_\_\_\_

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

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

Emergency Contact (other than parent): \_\_\_\_\_ Phone #: \_\_\_\_\_

Home Parish: \_\_\_\_\_ Parish of Baptism: \_\_\_\_\_

Does your child have any medical conditions, allergies, learning challenges or special needs?

For Office Use Only: Date Paid \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

**PUBLICITY RELEASE**

I hereby expressly grant to the St. John's Catholic Parish School of Religion, and or the Diocese of Belleville the right, privilege and license to use my child's picture or likeness in any photograph, movie, video production or any other forms of media production and to use the child's verbal written statements or declarations for the purpose of publicizing, fostering and promoting St. John's Catholic Parish School of Religion and its programs or for any other purpose in furtherance of the mission statement of St. John's Catholic Parish School of Religion

**SIGNATURES OF AGREEMENT**

I/We acknowledge that I/we have read and agree to all terms set forth in this agreement.

Please Sign:

Parent/Guardian \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Please Sign:

Student 1: \_\_\_\_\_

Student 2: \_\_\_\_\_

Student 3: \_\_\_\_\_

Student 4: \_\_\_\_\_