

The National Shrine of the Little Flower
Religious Formation

Today's Date: ____ / ____ / ____		Student Registration:	
Child's Name:	Last Name: _____ Nickname: _____	First Name: _____ Suffix: _____	
Personal:	School Attending in Fall: _____ Grade: _____	Gender: _____ Birthdate: _____	
	Language: _____ Special Needs: _____ Allergies: _____ Learning Disabilities: _____		
Family Info:	Address: _____ City/State: _____ Zip: _____ Phone Numbers: _____ Description (home, cell, work) _____ Unlisted? _____ _____ _____ _____ Email: _____		
Family Name:	Head of Household: Last Name: _____ First Name: _____ Title: _____ Suffix: _____ Religion: _____	Spouse: Last Name: _____ First Name: _____ Title: _____ Envelope #: _____ Religion: _____	
Non Custodial Parent:	Name: _____ Relationship: _____ Address: _____ City/State: _____ Prefer Email? _____ Email: _____ Phones: _____	Religion? _____ Send Courtesy Copies? _____ Zip: _____ Person Responsible for payment of tuition _____	
Classes:	Please indicate your session preference: <ul style="list-style-type: none"> .. Mondays 4:30 - 5:30 pm - Grades K - 6 .. Mondays 6:00 - 7:00 pm - Grades K - 6 .. 3s & 4s Preschool - Sundays @ 9:00 am .. Mondays 6:15 - 7:30 pm - Grades 7 & 8 .. Cross Connections High School Youth Ministry 		
Siblings in Religious Formation:			
Emergency Contact: Other than Parent	Name	Relationship	Phone

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Today's Date: ____/____/____		Student Registration:		
Sacraments: .. Child has not been Baptized .. Child is beyond 2nd Grade and wishes to be prepared for First Reconciliation .. Child is beyond 2nd Grade and wishes to be prepared for First Communion .. Child is beyond 8th Grade and wishes to be prepared for Confirmation	Birthplace of Child: _____ _____	Father's Name: _____ Mother's Maiden Name: _____		
	Baptism:	Baptismal Name: _____ Date: _____ Performed by: _____ Church Name: _____	Denomination: _____	
	First Comm:	Name/Extra Info: _____ Date: _____ Performed by: _____ Church Name: _____		
	Confirm:	Confirmation Name: _____ Date: _____ Performed by: _____ Church Name: _____		
Volunteer Opportunities:	.. Yes, please email me as volunteer opportunities arise! Email: _____			

A picture of your child or work created by your child may be included in promotional material* for the National Shrine Parish. We may use photos or projects in one or more of the following ways:

- a) to copyright the same in the National Shrine Parish name or any other name that he/she may select;
- b) to use and publish the same in whole or in part, in any medium now or hereafter known, and for any purpose whatsoever, including (but not by way of limitation illustration, promotion, advertising and trade, and;

For valuable consideration, I hereby confer on the National Shrine Parish the absolute and irrevocable right and permission with respect to the photographs that he/she has taken of my minor child in which he/she may be included with others.

I hereby release and discharge National Shrine Parish from all and any claims and demands ensuing from or in connection with the use of the photographs, including any and all claims for libel and invasion of privacy.

This authorization and release shall inure to the benefit of the legal representatives, licensees and assigns of photographer for the National Shrine Parish as well as the person(s) for whom he/she took the photographs.

I have read the foregoing and fully understand the contents hereof. I represent that I am the parent/guardian of the below named student. I hereby consent to the foregoing on his/her behalf.

Please note: a signed release form is required at the beginning of every school year.

Student Name _____ Grade _____ include in marketing and promotion
 exclude from all

*Photos published online will not include student names.

Rev. Msgr. William H. Easton, Pastor

National Shrine of the Little Flower Parish

Parent Signature: _____ Date: _____