

Family name _____

PLEASE RETURN THIS ALONG WITH YOUR REGISTRATION FORM

EMERGENCY CONTACT INFO

Parent/Guardian 1

Name

Phone # (during class time)

Parent/Guardian 2

Name

Phone # (during class time)

Additional Emergency Contact

Name

Phone # (during class time)

Relationship to child(ren)

CONSENT FOR PHOTO USE

Child(ren) Name(s)

I hereby certify that I am the parent/guardian of the above-named minor(s) and warrant that I have the legal authority to execute this consent form on behalf of this child.

I hereby give permission for Ascension Religious Education to use my child's photo for the parish website, promotional publications, and other internal uses. I understand that my child's name will not be used in conjunction with the photos.

Printed name

Signature

Date