



**2011-2012 St. Paul the Apostle Parish School of Religion Student Registration (page 2)**

**61 Moss Road, Westerville, OH 43082 - Phone (614) 882-5045**

Student's Name:

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Last                                  First                                  MI                                  Nickname

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**#1 Parent Agreement and Medical Authorization**

I have had an opportunity to read the Parent Handbook and I understand the content and purpose. I further understand that it is necessary that any complaint of harassment must be filed with the a) St. Paul Director of Religious Education, b) pastor, or c) Diocesan Director of Religious Education. I agree to follow all procedures, guidelines and policies stated in the handbook.

In case of emergency, I understand St. Paul will make every effort to contact me. However, if they cannot reach me, I give my permission to take my child for emergency treatment. I release St. Paul staff and volunteers from all liability of any kind which may arise from such an emergency.

**Sign here >>**

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Signature of Parent or Guardian

Date

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**#2 Photo Release and Waiver**

Your son/daughter may be photographed during any event of the 2011-2012 school year. We need your permission to use these photographs. Please sign the bottom of this section to give us your permission.

I give my permission for the above mentioned photographs to be used in Religious Education publications, promotional pieces and/or the parish web site.

**Sign here >>**

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Signature of Parent or Guardian

Date

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**#3 Transportation Information**

(For grades 1 - 5 only)

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Mother's Name

Cell Number

Home Number

\_\_\_\_\_

Father's Name

Cell Number

Home Number

**Adults that have permission to pick up your child from Religious Education in addition to parents:**

\_\_\_\_\_

Name

Relationship

Cell Number

Home Number

\_\_\_\_\_

\_\_\_\_\_

**Sign here >>**

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Signature of Parent or Guardian

Date

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