

Please circle Religious Education Session:

Grades: 1 2 [3 4 5 6 STATE PREFERENCE GRADES 3-6: FRIDAY -or- SATURDAY]
Grades: 7 8

Emergency Contact Information

Contact Name: _____

Relationship to child: _____

Phone: _____

Saint Anselm has adopted the following procedure if your child becomes sick or injured during Religious Education class or in the event of a medical emergency for your child:

1. The coordinator will call the cell or home phone to inform the parent of the problem. If there is no answer, she will call the Contact Person listed above.

Release: I consent to the use of any videotapes and/or photographs in which my child may appear by the Diocese of Trenton and/or parish. I understand that these materials are being used for promotion of the parish Religious Education programs and/or activities, which may include recruitment and fundraising efforts. (If you **DO NOT** wish to consent to this photo use, please cross out this paragraph.)

PARENT SIGNATURE: _____ DATE: _____

OFFICIAL REGISTRATION DOES NOT TAKE EFFECT UNTIL PAYMENT IS RECEIVED IN THE OFFICE

FOR OFFICE USE ONLY:

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

Date Entered in ParishSoft: _____ Date Entered on Spreadsheet: _____

Baptismal Certificate Received: _____