



Registration Fee: \$50.00 per Child. Please Return Form BY Friday June 1, 2018

Method of payments: Cash, Checks or Money Order Made out to: "St. Gregory the Great Church"

Check Number: _____ Amount _____ Cash Amount _____

Registration Form (One per Child) GLORY DAYS -VACATION BIBLE SCHOOL-SUMMER 2018

Child's Name: _____

Child's age _____ Date of Birth: _____ School Grade completed in June _____

Name of Parent(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____

Parent/caregiver's cell phone: _____

Home e-mail address: _____



In Case of Emergency, Contact _____

Relationship to Child: _____

Allergies or other Medical Conditions: _____

Home Parish: _____

PHOTO-ELECTRONIC MEDIA RELEASE

I hereby give permission for my son/daughter _____ to be photographed or videotaped at or by the St. Gregory the Great Parish Program of Religious Formation.

I understand that the photo may be published in the newspaper, a magazine, the parish website, or other publication.

The video may be used for informational or educational purposes regarding the programs or curriculum at St. Gregory the Great Parish Religious Formation Program.

I do not wish to have my son/daughter _____ photographed or videotaped at or by the St. Gregory the Great Parish Religious Formation Program. I understand it is my child's responsibility to remove him/herself from the photographic situation.

Parent Signature _____ Date _____