

We wish to receive parish messages via the ONE CALL ALERT SYSTEM. Please use the following phone number(s)/e-mail for alerts.

1. _____ 2. _____ 3. _____

We are active, registered members of St. Sebastian. Year of registration: _____

Does your child have any allergies or other medical conditions? _____

DIOCESAN PERMISSION AND MEDICAL TREATMENT WAIVER

I _____, the parent/guardian of _____ do hereby give my permission for him/her to attend Faith Formation classes on the premises of St. Sebastian Catholic Church located at 13075 US Highway 1, Sebastian, Florida, to be treated for a medical emergency in my absence while participating in this parish program. The Director of Faith Formation or adult supervisor may act as an agent in my absence. In case of accident, I do not hold the Diocese of Palm Beach, the parish of St. Sebastian, its staff or adult supervisor responsible.

In case of an emergency, if I am not available at the above listed phone numbers, please contact:

Name: _____ Phone# (_____) _____

Cell# (_____) _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PHOTOGRAPH AND/OR VIDEOTAPE CONSENT & RELEASE WAIVER

I _____, the parent/guardian of _____ do hereby grant to sponsor (St. Sebastian Catholic Church) the right to photograph/video tape my child. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540-08 and expressly constitutes permission for publication of name, face, likeness, voice, and appearance.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

\$60.00 fee is due per child/per registration

This fee covers texts, classroom materials and all other materials.

OFFICE USE ONLY

Completed Form Received: _____

Cash: _____ Check# _____

Registering for Grade: _____

Grades - Pre-K, K, 3, 4 & 5