

Queen of All Saints Church
Religious Education Registration Form

Name	<i>First</i>	<i>Middle</i>	<i>Last</i>
Address	<i>Street</i>	<i>City</i>	
Phone No.	<i>Home</i>	<i>Cell No. or Emergency Contact</i>	
E-mail Address (Please print neatly)			
Father's Name		Father's Religion	
Mother's First and Maiden Name		Mother's Religion	

Grade of Student	Date of Birth	Public school student attends												
Special health problems or medications:		Members of which parish?												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Sacraments received</td> <td style="width: 30%; text-align: center;"><i>Date</i></td> <td style="width: 40%; text-align: center;"><i>Name and City of Church</i></td> </tr> <tr> <td>Baptism</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Penance</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Eucharist</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>			Sacraments received	<i>Date</i>	<i>Name and City of Church</i>	Baptism	_____	_____	Penance	_____	_____	Eucharist	_____	_____
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Baptism	_____	_____												
Penance	_____	_____												
Eucharist	_____	_____												

Other children in family attending Religious Education or Tiny Seeds	

Parent/Guardian Signature _____ Date _____
 (Signature indicates agreement with policies in religious education handbook found at
www.qas.org)

Tuition Due _____ Amount Paid _____

Dear Parents,

At this time, we will be unable to invite you to participate in family classes this year. We hope to be able to take pictures, and possibly videos of some of our activities to share with you in your home. For this reason, it is necessary to obtain a photo release.

Thank you.

Student Name _____

Photo Release Form

I hereby grant the diocesan newspaper, Michigan City area newspapers, LaPorte area newspapers, the Queen of All Saints bulletin, QAS Facebook page, and other media permission to use my child's photographs in publications and websites, without payment or any other consideration.

I understand and agree that these materials will become property of the newspaper, school or parish and will not be returned.

I hereby irrevocably authorize the newspapers, school or parish to edit, alter, copy, exhibit, publish or distribute photos for the purpose of publicizing our programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy. Additionally, I waive any right to royalties or other compensations arising or related to the use of photographs of my child.

I hereby hold harmless and release and forever discharge the newspapers, school and parish from all claims, demands, and causes of action which I, my heirs, representative, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I hereby certify that I am the parent or guardian of the above name child, and do hereby give my consent without reservation to the foregoing on behalf of this minor child.

Parent/Guardian Signature

_____ Date_____