

CCD REGISTRATION PACKET

**PLEASE FILL OUT AND RETURN TO
OFFICE OR DROP IN COLLECTION
BASKET.**

SAINT THOMAS THE APOSTLE CATHOLIC CHURCH
CHILDREN'S RELIGIOUS EDUCATION REGISTRATION

STUDENT'S NAME _____ **GRADE** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

CURRENT SCHOOL AND SYSTEM _____

MOTHER'S NAME _____

ADDRESS (if different) _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____ **EMAIL** _____

FATHER'S NAME _____

ADDRESS (if different) _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____ **EMAIL** _____

***EMERGENCY CONTACT NAME/NUMBER** _____

CHURCH YOUR CHILD WAS BAPTIZED IN AND DATE _____

CITY AND STATE _____

PLEASE CHECK ALL THE SACRAMENTS THAT YOUR CHILD HAS RECEIVED: BAPTISM _____

PENANCE _____ **COMMUNION** _____ **CONFIRMATION** _____

ARE YOU NEW TO THE PROGRAM? YES _____ **NO** _____

HAS YOUR CHILD RECEIVED CONTINUAL INSTRUCTION IN THE CATHOLIC FAITH? YES _____
NO _____

IF YOU ANSWERD NO, PLEASE EXPLAIN SO THAT WE CAN DETERMINE THE BEST WAY TO INSTRUCT YOUR CHILD.

DOES YOUR CHILD HAVE ANY FOOD ALLERGIES, ILLNESS OR LEARNING DISABILITIES THAT WE SHOULD BE AWARE OF?

St Thomas the Apostle Catholic Church
Parental Consent for Media and Images

- *We would like to have your permission to photograph your child and use their images around the church, on our facebook page, on our website or send to the Catholic week when appropriate with names attached.
 - *We will not include personal addresses, emails, telephone numbers, fax numbers on any video or image we use or publish them in our bulletins, on facebook or our website.
 - *We may include pictures of children and staff that have been drawn by the children.
 - *We may use group photographs or footage with general labels, such as 'making Christmas decorations' etc.
 - *We will only use images of children who are suitably dressed.
 - *This consent can be withdrawn by parent/guardian at any time by informing us in writing.
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Please Circle as Appropriate:

- | | |
|--|-----------------|
| May we use your child's photograph/image in display around the church? | YES / NO |
| May we use your child's photograph/image on our facebook page? | YES / NO |
| May we use your child's photograph/image on our web site? | YES / NO |
| May we record your child's image or use videos within these settings?
(These images or recordings will be church functions only) | YES / NO |
| May we use your child's photograph/image in our bulletins and other printed material that we produce for educational and promotional purposes? | YES / NO |
| Are you ok for your child to appear in the media, e.g., if a newspaper photographer or a television film crew attends an event organized by the church? | YES / NO |
| Are you ok for the school/church to print images of your child electronically? | YES / NO |
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I have read and understood the conditions of use and I am also aware of the following:

- *Web-sites can be viewed throughout the world.
- *The press are exempt from the Data Protection Act and may want to include the names and personal details of children and adults in the media.
- *I/we will discuss the use of images with our child/children to obtain their views, if appropriate.
- *As the child's parents/guardians, we/I agree that if we/I take photographs or video recordings of our child/children which include other children then we will only use these for personal use, and may share with the church.

Name/Names of Child/Children: _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian's signatures: _____

Child's Signature (if appropriate): _____

**SAINT THOMAS THE APOSTLE CATHOLIC CHURCH
CHILDREN'S RELIGIOUS EDUCATION REGISTRATION
NON-CUSTODIAL PARENT RELEASE FORM**

Dear Parents,

For the safety and security of your child/children, please fill in this form if this should pertain to your family situation regarding the release of your child/children to a non-custodial parent.

* If this form does not apply to your family then please write 'not applicable'.

Thank you!

Sincerely
Director of Religious Education

THE RIGHT OF NON-CUSTODIAL PARENTS

IF YOU ARE SEPARATED OR DIVORCED

Do you consent to having your child/children released from our Children's Religious Education Program into the custody of the
non-custodial parent? Yes _____ No _____

Name of child _____ Name of non-custodial parent _____

Name of child _____ Name of non-custodial parent _____

Name of child _____ Name of non-custodial parent _____

Name of child _____ Name of non-custodial parent _____

Name of child _____ Name of non-custodial parent _____

Signature of custodial parent or guardian _____

Date _____

Please return this form with your child's registration form/information to the Director/Administrator