



**EMERGENCY CONTACT INFORMATION:**

NAME: \_\_\_\_\_ RELATIONSHIP TO FAMILY \_\_\_\_\_  
PHONE NUMBER \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

**PARISH INFORMATION:**

\_\_\_\_ We are registered parishioners of \_\_\_\_\_ Parish. Envelope # \_\_\_\_\_  
(Name of Parish where you are registered)

\_\_\_\_ We are NOT registered at ANY Parish. +Note – Please register at the St. Francis Parish Office

**STUDENT INFORMATION – Fill out ALL information**

Sacraments Received (please x)

Name of Student (First & Last)	Sex	Grade for 20/21	Eucharist	Reconciliation	If Baptized. list (Date & Parish/City)

**SPECIAL NEEDS**—Please list any special needs your child(ren) may require. This includes but is not limited to: medical conditions, allergies, learning disabilities, etc.

**Photo Release Consent – Check Yes or No - Sign and date Registration is not complete until signed dated.**

Yes – I consent for St. Francis de Sales to use any video, photo, or audio on the parish web site or in any other promotional items in which my child(ren) or I may appear. I release the staff, volunteers, and others of St. Francis Parish from any liability connected with the use of my child(ren’s) picture or audio recording as part of the activities held at St. Francis de Sales Parish during the 2020/21 school year.

NO- I do not consent to the use of my child(ren’s) video, photos or audio for St. Francis de Sales Parish.

\_\_\_\_\_  
(Please Print Your Name) (Signature) (Date)

**Direct any questions or concerns to:**

Lori Glass at [childministry@sfdslg.org](mailto:childministry@sfdslg.org) or 262-248-1152 (Elementary & Middle School Students)

Michael Deanne at [youthministry@sfdslg.org](mailto:youthministry@sfdslg.org) or 262-248-1680 (High School & Confirmation Students)