

Family Name: _____

Registered child/children _____

Does your child have any special educational or physical needs? It is very important that we are aware of this fact so that your child's Religious Education Teacher can work with you and your child.

Yes No If yes, please give child's name, grade, and explain:

Does your child take any medication on a regular basis that we should be aware of?

Yes No If yes, please give child's name, grade, and explain:

**CATHOLIC DIOCESE OF ARLINGTON
PHOTO, PRESS, AUDIO, AND ELECTRONIC MEDIA RELEASE**

I authorize the **Catholic Diocese of Arlington**, its parishes and/or schools to use and publish the photographs and/or motion picture or videotape for which my child(ren) have posed.

I agree that the **Catholic Diocese of Arlington**, its parishes and/or schools may use such photographs of my child(ren) with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, bulletin, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Date _____

I understand and will comply with the policies stated in the St. Joseph Religious Education Parent-Student Handbook found on the Parish website: www.sjcherndon.org, under the "Faith Formation" tab. A hard copy of the handbook will be distributed at the Parent's Orientation meeting.

Signature _____ Date _____
