



ST. ELIZABETH ANN SETON CATHOLIC CHURCH

PO BOX 648 QUINTON, VA 23141

CHURCH PHONE: 804-932-4125

Email: seascatholic@verizon.net

2019-2020 RELIGIOUS EDUCATION REGISTRATION FORM

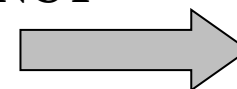
Last Name: _____ First Name of Adults in Family: _____

Address: _____ Email address: _____

Home Phone: _____ Alternate Phone: _____

CHILDREN'S RELIGIOUS EDUCATION REGISTRATION INFORMATION						
CHILD'S FIRST & LAST NAME	Male or Female	Grade 2019-20	Allergies/Medications/Health concerns	Check Sacraments Received		
				Baptism	First Eucharist	Confirmation

REGISTRATION FORM IS NOT COMPLETE WITHOUT EMERGENCY CONTACT INFORMATION & SIGNATURE ON REVERSE



EMERGENCY CONTACT INFORMATION

(if parent/guardian is unavailable)

Name: _____

Relationship: _____

Phone Number: _____ **Alternate Phone:** _____

Who is authorized to pick-up child(ren)? _____

PHOTO RELEASE FORM

I give permission for photographs of my children listed above to be published on the website/social media sites of St. Elizabeth Ann Seton Catholic Church. I understand that these photos can be viewed by anyone in the world but no identifying information will be displayed. I also give permission for photographs to be used in newspaper articles without identifying information. I understand that in the event that the names are necessary I will be requested to provide a separate release form for that particular occasion. I also give permission for my photos to be placed in promotion videos via the internet:

yes *no*

Parent/Guardian Signature: _____