

St. Elizabeth Ann Seton Religious Education

336 Washington Ave. Dunkirk, New York 14048

Email SEASRED@outlook.com Website www.seasred.weebly.com

Family Name: _____ Date: _____

Your Name: _____ Spouse: _____

Address: _____
Street City Zip

Telephone: _____ E-mail address: _____

Religion: _____ Spouse's Religion _____

Children at home:

First Name	Sex M/F	Date of Birth MM-DD-YYYY	Baptism Date Rec'd	Communion Date Rec'd	Confirmation Date Rec'd

Special Skills available to the Parish: eg. Lectoring, Communion to the homebound, Catechist, computer entry, music, carpentry, electric, plumbing, painting, decorating, gardening, etc.

Emergency Information

Last Name	First Name	Middle	School Year
Address		Home Phone	
City/Town, State		Zip Code	
Father's Business Address		Phone #	
		Cell Phone #	
Mother's Business Address		Phone #	
		Cell Phone #	

In case of emergency, it may be necessary to contact parents during a religious education session. To make it possible, please furnish us with the above information. **(Please print!)**

If parent cannot be reached, the religious education personnel are authorized in the name of the parent, to obtain emergency ambulance service if necessary.

Date	Signature Parent/Guardian
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If we are unable to contact parents in emergency situations, it is important that we have other references (such as the family physician, local friends, or relatives) whom you authorize us to contact.

Physician's Name, Address	Phone #
Local Friend or Relative's Name, Address	Phone #
Local Friend or Relative's Name, Address	Phone #

Is there any condition that limits your child's activity? Explain fully if child takes any medication daily. If so, what? Is your child allergies to any medications?

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336 Washington Ave.
(716)366-2827
SEASRED@outlook.com

Consent and Release Form for the Use of
Student Photograph(s), Video, Work and Sound
Recordings

Throughout the year, there may be occasions when we will be contacting local media outlets (newspapers, television stations, radio stations, Internet sites) in the hope of getting coverage for parish events. We also hope to use some of the photographs, video images, sound recordings and work of our young people for our own use or use by the secular media.

CONSENT AND
RELEASE

Please complete the following form and return it to the parish no later than

_____.

I _____, the **parent/guardian**, give
(Please print your name) (Circle one)

_____ permission to
use:

(Name of Parish)

_____ My child's photograph, video image, sound recording, and/or work for use by representatives from the parish, or through the Diocese of Buffalo Department of Lifelong Faith Formation media and/or secular media.

My child(ren)'s name(s):

(Please print.)

Child's name _____ Grade _____

Child's name _____ Grade _____

Child's name _____ Grade _____

Parent or Guardian signature

Date

I understand that I may revoke this permission at any time by contacting the catechetical leader of the parish.

SEAS Faith Formation has a website

<https://seasred.weebly.com/>

- The website will be a great resource for families and a quick way to access information relating to our program
- Students who have online studies can access from any device that can connect to the internet
- Stay informed with program activities
- Print out letters that have been misplaced
- Stay up to date if your student has been absent
- Search for activities to do as a family to strengthen your Domestic Church

Enjoy!

Natalie Hoebener

581-1879(c) call or text

seasred@outlook.com email