Heavenly Rest Acolyte Registration Form

2019-2020

“It is to just such as these that the Kingdom of God belongs.”

- Jesus

*Please fill out as completely as possible!*

Child/Youth Information

Name of Child/Youth: Nickname:

Age: Birthdate:

Address:

E-mail (child’s):

E-mail (parent(s):

Cell Phone (child’s):

Cell Phone (parent(s) :

Name of School: Grade:

Parent/Guardian Information

Name: Relationship:

Name: Relationship:

Address (If different from above) :

Please note any allergies or other health concerns:

Emergency Contact Information

Name:

Phone:

Media Photo Release Form

I hereby give my permission for this parish to use my child’s photograph (without their name) in parish publications, on the parish website and in news releases having to do with any parish-sponsored activity.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_