

PRE-SCHOOL FAITH FORMATION REGISTRATION 2026-27

REGISTERED IN PARISH?

IF NO, WHICH PARISH ARE YOU REGISTERED?

ADDRESS:

CHILDS LAST NAME:

FIRST NAME:

MIDDLE NAME:

CITY OF BIRTH:

BIRTHDATE:

FATHER'S NAME:

RELIGION:

MOTHER'S NAME:

RELIGION:

HOME ADDRESS:

TELEPHONE:

EMAIL ADDRESS:

IN CASE OF EMERGENCY AND PARENTS CANNOT BE REACHED, PLEASE LIST 2 PEOPLE

NAME:

PHONE:

SACRAMENT	DATE	CHURCH	CITY OF CHURCH
BAPTISM			

ARE THERE ANY OTHER CONCERNS OR ITEMS THAT WOULD BE HELPFUL FOR THE TEACHER TO KNOW?

IS CHILD CURRENTLY TAKING ANY PRESCRIBED MEDICATION

IF YES, PLEASE LIST:

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EMERGENCY MEDICAL AUTHORIZATION

NAME

Last

First

BIRTHDATE

STUDENT NAME

ADDRESS

NUMBER

PURPOSE: TO ENABLE PARENTS AND GUARDIANS TO AUTHORIZE THE PROVISION OF EMERGENCY TREATMENT FOR CHILDREN WHO BECOME ILL OR INJURED WHILE UNDER SCHOOL AUTHORITY, WHEN PARENTS OR GUARDIANS CANNOT BE REACHED.

PART I OR IL MUST BE COMPLETED

PART I TO GRANT CONSENT

IN THE EVENT REASONABLE ATTEMPTS TO CONTACT ME AT: OR AT ADMINISTRATION OF ANY TREATMENT DEEMED NECESSARY BY DR. OR DR. OR, IN THE EVENT THE DESIGNATED PREFERRED PRACTITIONER IS NOT AVAILABLE, BY ANOTHER LICENSED PHYSICIAN OR DENTIST; AND (2) THE TRANSFER OF THE CHILD TO (PREFERRED HOSPITAL) OR ANY HOSPITAL REASONABLY ACCESSIBLE. THIS AUTHORIZATION DOES NOT COVER MAJOR SURGERY UNLESS THE MEDICAL OPINIONS OF TWO OTHER LICENSED PHYSICIANS OR DENTISTS, CONCURRING IN THE NECESSITY FOR SUCH SURGERY, ARE OBTAINED PRIOR TO THE PERFORMANCE OF SUCH SURGERY.

FACTS CONCERNING THE CHILD'S MEDICAL HISTORY INCLUDING ALLERGIES, MEDICATIONS BEING TAKEN, AND ANY PHYSICAL IMPAIRMENTS TO WHICH A PHYSICIAN SHOULD BE ALERTED:

SIGNATURE OF PARENT OR GUARDIAN

ADDRESS

DO NOT COMPLETE PART IL IF YOU COMPLETED PART I PART IL REFUSAL TO CONSENT

I DO NOT GIVE MY CONSENT FOR EMERGENCY MEDICAL TREATMENT OF MY CHILD, IN THE EVENT OF ILLNESS OR INJURY REQUIRING EMERGENCY TREATMENT, I WISH THE PARISH AUTHORITIES TO TAKE NO ACTION OR TO:

DATE

SIGNATURE OF PARENT OR GUARDIAN

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St Adalbert Faith Formation Program

Media Consent and Release Form

I (WE) THE PARENT(S) AND/OR GUARDIAN(S) OF THE MINOR CHILD IDENTIFIED BELOW HEREBY GRANT ST. ADALBERT PARISH ("PARISH") AND/OR ITS AGENTS CONSENT TO RECORD (IN WRITING OR OTHERWISE), PHOTOGRAPH, AUDIOTAPE, OR VIDEOTAPE MY MINOR CHILD'S NAME, IMAGE, LIKENESS, SPOKEN WORDS, SCHOOLWORK OR SCHOOL PROJECTS, IN ANY FORM, AND TO DISPLAY, RELEASE, EXHIBIT, PUBLISH, OR DISTRIBUTE THE SAME, OR ANY PART THEREOF, FOR ANY LAWFUL SCHOOL OR PARISH USE OR PURPOSE INCLUDING, WITHOUT LIMITATION, USE ON THE PARISH'S BULLETIN BOARDS, WEBSITES, SOCIAL MEDIA SITES, PRINT AND ELECTRONIC MEDIA, MARKETING PUBLICATIONS, PUBLIC RELATIONS AND COMMUNICATIONS MATERIALS AND/OR PRESENTATIONS, AND ANY OTHER USES AS MAY NOT BE CONTEMPLATED HEREIN, WITHOUT FURTHER NOTICE OR COMPENSATION AS FOLLOWS:

I CONSENT.

I DO NOT CONSENT.

I FURTHER UNDERSTAND THAT BY ENTERING INTO THIS INFORMED CONSENT AND RELEASE, AND BY GRANTING PERMISSION AS STATED HEREIN, I HEREBY RELEASE THE PARISH, THE DIOCESE OF CLEVELAND, THE BISHOP OF CLEVELAND, AND THEIR RESPECTIVE OFFICERS, DIRECTORS, AGENTS, EMPLOYEES AND/OR ATTORNEYS FROM AND AGAINST ANY AND ALL LIABILITY, LOSS, DAMAGE, COSTS, CLAIMS, AND/OR CAUSES OF ACTION ARISING OUT OF OR RELATED TO THE ABOVE ITEMS TO WHICH I HAVE CONSENTED.

I FURTHER UNDERSTAND THAT THE PARISH AND ITS RESPECTIVE OFFICERS, DIRECTORS, AGENTS, EMPLOYEES AND/OR ATTORNEYS HAVE NO CONTROL OVER USE OF PHOTOGRAPHS, VIDEOTAPES, AUDIOTAPES, OR OTHER RECORDS MADE BY OTHERS AND/OR OUTSIDE THE SCOPE OF THIS CONSENT AND RELEASE.

FINALLY, IN SIGNING BELOW I ACKNOWLEDGE THAT ALL RECORDINGS, AUDIOTAPE, VIDEOTAPE, PHOTOGRAPHIC PROOFS, PHOTOGRAPHIC NEGATIVES, POSITIVES, AND PRINTS CREATED PURSUANT TO THIS RELEASE SHALL CONSTITUTE THE SOLE PROPERTY OF THE PARISH.

NAME OF MINOR CHILD (PLEASE PRINT)

SIGNATURE OF PARENT(S) OR LEGAL GUARDIAN(S)

NAME OF MINOR CHILD (PLEASE PRINT)

PRINTED NAME OF PARENT OR LEGAL GUARDIAN

NAME OF MINOR CHILD (PLEASE PRINT)

DATE

NAME OF MINOR CHILD (PLEASE PRINT)

ADDRESS

CITY, STATE & ZIP