

25, 4<sup>th</sup> Street, North Providence, RI 02911, Ph. 401-231-3542

PLEASE **PRINT** CLEARLY AND FILL IN ALL REQUESTED INFORMATION

PRESENT AGE: \_\_\_\_\_ GENDER: M\_\_ F\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone # \_\_\_\_\_  
M /D/YEAR

IN CASE OF AN EMERGENCY, IF WE ARE UNABLE TO CONTACT YOU, WHOM SHOULD WE CONTACT? (over~→)

NAME\_\_\_\_\_

RELATION TO STUDENT\_\_\_\_\_ Cell\_\_\_\_\_

Please list all the adults (including parents) authorized to pick up your child. Your child will not be released to any other adult who is not listed below:

Emergency Name#1\_\_\_\_\_

Relationship\_\_\_\_\_

Phone #\_\_\_\_\_

Cell#\_\_\_\_\_

Emergency Name#2\_\_\_\_\_

Relationship\_\_\_\_\_

Phone #\_\_\_\_\_

Cell#\_\_\_\_\_

Emergency Name#3\_\_\_\_\_

Relationship\_\_\_\_\_

Phone #\_\_\_\_\_

Cell#\_\_\_\_\_

STUDENT MEDICAL INFORMATION

Allergies\_\_\_\_\_

Physical Disabilities: \_\_\_\_\_

Learning Disabilities: \_\_\_\_\_

~ Photo Image Consent Form ~

I, the undersigned, do hereby give permission or not to Mary Mother of Mankind Parish and the Religious Education Program to use, publish, display, and/or reproduce any video/recorded voice/digital media, photographs of my son/daughter in promotional materials for Mary Mother of Mankind Parish and the Religious Education Program.  
**(Please circle one)**

I/we **DO GIVE PERMISSION** for \_\_\_\_\_ or **DO NOT GIVE PERMISSION** for \_\_\_\_\_  
Child's full name Child's full name

to use an image/photograph/video clip/voice as described above. We are willing to release this into the public domain for promotional purposes and understand that no monetary compensation will be given for its use.

Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
Print Name Signature

Date\_\_\_\_\_

**Special Note: All students participating in the Religious Education Program must provide a copy of the certificates of the sacraments they have received thus far if you have not yet done so.**

FOR OFFICE USE ONLY

BAPTISMAL RECORD YES ( ) NO ( ) DATE\_\_\_\_\_

1st PENANCE YES ( ) NO ( ) DATE\_\_\_\_\_ 1st COMMUNION RECORD YES ( ) NO ( ) DATE\_\_\_\_\_

REGISTRATION FEE YES ( ) NO ( ) FEES W/\_\_\_\_\_/\_\_\_\_\_

AMOUNT PAID\_\_\_\_\_ CK. #\_\_\_\_\_ CASH \_\_\_\_\_ RECD. BY \_\_\_\_\_ DATE\_\_\_\_\_