

FAMILY INFORMATION

Family Last Name: _____ Date: _____
Father's Name: _____ Father's Cell/Work: _____
Mother's Name: _____ Mother's Cell/Work: _____
***Email Address:** _____ **Emergency Contact:** _____
Home Phone: _____ Emergency Phone: _____
Home Address: _____
City, State, Zip: _____ Both Parents Catholic? Yes No

*** Please supply a primary email address, as this is our main form of communication.**

STUDENT #1 INFORMATION

Child's Name: _____ Catholic? Yes No
Gender: Male Female **Sacramental Details** **Check and date all below**
Birth Date: _____ Baptism: _____
Grade: _____ Eucharist: _____
 Reconciliation Prep: _____
 Confirmation: _____

Special Needs (Allergies, Learning Disabilities, Physical Disabilities, etc.):

STUDENT #2 INFORMATION

Child's Name: _____ Catholic? Yes No
Gender: Male Female **Sacramental Details** **Check and date all below**
Birth Date: _____ Baptism: _____
Grade: _____ Eucharist: _____
 Reconciliation Prep: _____
 Confirmation: _____

Special Needs (Allergies, Learning Disabilities, Physical Disabilities, etc.):

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

STUDENT #3 INFORMATION

Child's Name: _____

Gender: Male Female

Birth Date: _____

Grade: _____

Catholic? Yes No

Sacramental Details

Check and date all below

Baptism: _____

Eucharist: _____

Reconciliation Prep: _____

Confirmation: _____

Special Needs (Allergies, Learning Disabilities, Physical Disabilities, etc.):

STUDENT #4 INFORMATION

Child's Name: _____

Gender: Male Female

Birth Date: _____

Grade: _____

Catholic? Yes No

Sacramental Details

Check and date all below

Baptism: _____

Eucharist: _____

Reconciliation Prep: _____

Confirmation: _____

Special Needs (Allergies, Learning Disabilities, Physical Disabilities, etc.):

Media Consent 2022-2023

Student Name	Grade

Video/Photography Utilization

I give permission for my child(ren) to be photographed/videotaped for St. Genevieve– St. Maurice Parish educational and community relations not-for-profit use such as newsletter/bulletin articles, parish Facebook, parish website, and sacramental photos.

I do not give permission for my child(ren) to be photographed/videotaped for St. Genevieve– St Maurice Parish.

Signature of Parent/Guardian

Date

Printed name of Parent/Guardian

