

School of Religion 2022-2023
Wednesdays, 6:15-7:30PM, More Hall

Return by Email or In Person to Susan Duerr: aquiel2000@yahoo.com

Full Name of Student 1 _____

Date of Birth _____ Grade _____ School _____

Baptized? Y/N If so, date/location: _____

Full Name of Student 2 _____

Date of Birth _____ Grade _____ School _____

Baptized? Y/N If so, date/location: _____

Full Name of Student 3 _____

Date of Birth _____ Grade _____ School _____

Baptized? Y/N If so, date/location: _____

Address _____

City _____ State _____ Zip _____

Child(ren) live(s) with: ___ Both Parents ___ Father ___ Mother

___ Other (specify): _____

Phone where child(ren) live(s): _____

Email _____

Parents/ Guardians:

Name _____

Name _____

Phone _____

Phone _____

Emergency Contact information

Name _____

Name _____

Phone _____

Phone _____

Please list any known food or other allergies:

Is there anything else we need to know about your child(ren)?

Parent/Guardian Signature: _____

~OVER~

Is Your Child Seeking Sacraments of Initiation? If so, check all that apply:

Baptism

First Reconciliation/First Communion (if 7 years of age or older)

Confirmation (if 7 years of age or older)

Special Needs / Food Allergies

If any of the above children has special needs or food allergies of which we should be aware, please indicate here: _____

Please read the attached information, before answering the following statements. If you agree with the statement, please initial on the line.

Permission for Photography

_____ I hereby grant permission for to the Catholic Diocese of Kansas City-St. Joseph, its parishes and institutions, for this child to be included in photographs, images, videos, and other recordings made in connection with Saint Thomas More. I also grant the diocese/parish the right to use, publish, exhibit, or distribute such photographs for purposes of advertising, promoting, or marketing the diocese/parish and its parishes or other institutions. I understand that I have no copyright interest in such photographs and the diocese/parish need not obtain further approval from me to use the photographs.

_____ I do not wish for my child to be included in photographs, images, videos, and other recordings.

Personal Safety Curriculum

_____ I have read the materials provided, and give permission for my child to participate in the personal safety lessons from the *Circle of Grace* curriculum.

_____ I have read the materials provided, and do not wish for my child to participate in the personal safety lessons from the *Circle of Grace* curriculum.
