

St. Vincent de Paul Church

120 North Front Street
Baltimore, MD 21202
410.962.5078
www.stvchurch.org



REGISTRATION FORM FAITH, FUN, FELLOWSHIP 2016-17 PRE-K THROUGH GRADE 12

CHILD'S NAME _____ GRADE IN SEPTEMBER _____

CHILD'S NAME _____ GRADE IN SEPTEMBER _____

CHILD'S NAME _____ GRADE IN SEPTEMBER _____

CHILD'S NAME _____ GRADE IN SEPTEMBER _____

PARENT(S) _____

ADDRESS _____

PHONE # _____

EMAIL _____

PLEASE CONTACT ME WITH INFORMATION ON THE FOLLOWING SACRAMENTS.

_____ BAPTISM

_____ FIRST EUCHARIST

_____ FIRST RECONCILIATION

_____ CONFIRMATION

COMMENTS: _____

Signature of Parent/Guardian _____ Date _____

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the parish/school, Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants will not be identified, however, without specific written consent.). Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify an activity staff member. Please note that the Released Parties have no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

**I HAVE READ THE ABOVE RELEASE AGREEMENT, UNDERSTAND THAT I GIVE UP
SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.**

Signature of Parent/Guardian _____ Date _____