

ALL SAINTS PARISH PERMISSION FORM

I, _____, parent/guardian request that my child
_____, be allowed to participate in
_____ event on (date) _____

Sponsored by All Saints Catholic Parish and the Archdiocese of Louisville.

The programmatic/educational purpose of this event is _____

I further give permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while participating in the above activity. I understand that all drivers will be at least 25 years of age and licensed. In consideration of permitting my child to attend and/or participate, I do hereby, for myself and my child(ren), waive and release any and all claims that I might have against the Archdiocese of Louisville, All Saints Parish in Taylorsville, KY, adults chaperoning the activity, and any designated driver, for any and all injuries or losses suffered by said child(ren) while engaged in above activities.

Parent/Guardian Signature _____ Date _____

Address _____ City _____ State _____

Phone _____ Emergency Contact & Phone _____

Please write "Yes" on the line of any and all of the following that apply to your son/daughter:

Is your child in general good health and capable of participating in normal activities? _____

If not, please provide statement indicating limitations _____

Allergies _____ Meds _____

Permission to administer Tylenol, if needed? _____

Health Insurance Company _____ Policy # _____

*NAME OF ADULT DRIVER/CHAPERONE (25 YEARS OR OLDER) _____

NUMBER OF PASSENGERS YOU CAN TRANSPORT _____ (PLEASE TRACK ODOMETER FOR REIMBURSEMENT!)

PLEASE RETURN THIS FORM TO:

**2017/2018 All Saints Religious Education Registration Form
Pre-School through High School**

Family Last Name _____

Parents: _____
(Mother's First and Last Name) (Father's First and Last Name)

Mailing Address of child/ren: _____

Cell Phone: _____ Email Address _____

Does your child live with (please circle): Both Parents Mother Father Grandparent Other: _____

Is your family registered in the Parish? _____ If not, please request and complete the Parish Registration Form.

Children's Information: Complete children's information and enter the **date** of the sacraments each child has received.

Child's First/ M/Last Name	DOB	Gender	School	Grade Entering	Baptism	Communion	Reconciliation	Confirmation
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1. _____
2. _____
3. _____

1. Does your child(ren) have any allergies? _____ If yes, please explain: _____

2. Does your child(ren) have any special needs due to physical, social or learning disabilities? _____ If yes, please explain: _____

Pick-up information (if other than parent/parents)

Name: _____ Phone _____

Emergency Information:

In the event you cannot be reached, please indicate an EMERGENCY CONTACT PERSON:

1. Name: _____ Relationship: _____ Phone: _____

I, the parent/guardian, acknowledge that I am the Primary Religious Educator of my child(ren) and agree to fulfill my obligation to my child(ren) and to this program by:

1. Ensuring active participation at Sunday Mass and on Holy Days of Obligation.
2. Ensuring that my child(ren) attends religious education classes consistently.
3. Actively participating in all programs/events pertaining to my child(ren)'s religious education and/or sacramental preparation, including Family Sessions.
4. Reviewing the weekly lessons and prayers with my child(ren).

Parent/Guardian Signature: _____ Date: _____

PHOTOGRAPHY RELEASE FORM

ALL SAINTS CATHOLIC CHURCH

ATTENTION RELIGIOUS EDUCATION PARENTS

2017-2018

We would like to have the opportunity to use pictures from the classrooms, prayer services, retreats, etc. and post them on the All Saints Website, brochures, bulletins and other media.

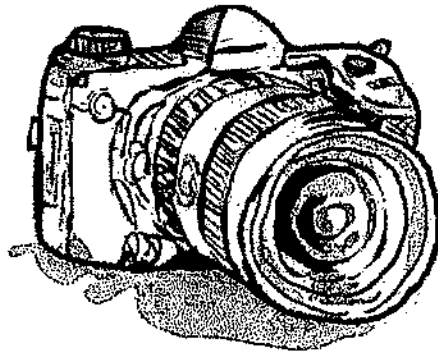
We need your permission to use these pictures. Please fill in the bottom of this form and return in with your registration papers.

I give permission to use the photographs of my children.

I DO NOT give permission to use the photographs of my children.

Name of Children: _____

Parent Signature: _____



Release Form for Media Recording



I, the undersigned, do hereby consent and agree that [Photographer's Name], its employees, or agents have the right to take photographs, videotape, or digital recordings of me beginning on [start date], and ending on [end date] and to use these in any and all media, now or hereafter known, and exclusively for the purpose of [purpose]. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to [Photographer's Name], its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that [Photographer's Name] is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name

Address

Phone

Witness for the undersigned

Signature

Date

EMPLOYMENT INQUIRY RELEASE

In conjunction with my application for employment/volunteering with you, I understand that you intend to use Selection.com to obtain Consumer Reports (hereinafter called "Reports") about me as defined in the Fair Credit Reporting Act (FCRA). These "Reports" do NOT include my Credit Report but may include information concerning motor vehicle record, civil litigation history and/or criminal record.

I understand that you may rely on any or all of the above referenced information in determining whether to extend an offer of employment/acceptance to me. If you contemplate making an adverse decision that will affect me based, in whole or in part, upon a "Report" obtained from Selection.com, I will be provided with a copy of the "Report" and a written summary of my Consumer Rights under the FCRA before you finalize that decision.

I have read the above disclosure and I hereby authorize you, Selection.com or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. If I am hired/accepted, this authorization shall remain on file and shall serve as an ongoing authorization for you to obtain "Reports" about me from Selection.com at any time during my employment/appointment with you. A photocopy or facsimile of this authorization shall be as valid as the original.

Signature _____ Date _____

THE FOLLOWING INFORMATION IS REQUIRED TO CONDUCT THE BACKGROUND INVESTIGATION

PRINT NAME _____
Last Name First Name Middle Initial Social Security Number

PREVIOUS OR MAIDEN NAME (if applicable) _____ PHONE NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE NUMBER _____ STATE ISSUED _____

EMAIL ADDRESS _____

List states and counties of residence, other than above, for the past seven (7) years:

COUNTY _____ STATE _____; COUNTY _____ STATE _____; COUNTY _____ STATE _____

FOR IDENTIFICATION PURPOSES ONLY: Date of birth _____

My prospective employer understands age to be a protected characteristic and the information requested will not be used as the basis for any employment decision.

Notice to Applicants Living in CA, OK or MN

By checking this box, I request to receive a free copy of any Report ordered on me.

Email address: _____ **

** By entering my email address, I authorize Selection.com to deliver my Report via email.

Notice to California Residents:

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Selection.com during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone by being able to provide adequate identification as to allow Selection.com to determine with reasonable certainty that you are the subject of the report. Selection.com is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, another person of your choice may accompany you, providing that this additional person furnishes proper identification. Selection.com's Privacy Policy can be viewed at www.Selection.com.

***** IF FAXING OR EMAILING REQUEST, THIS SECTION MUST BE COMPLETED BY EMPLOYER FOR PROCESSING *****

Customer Number _____ Location or Store Number _____ Date Submitted _____
Contact Person _____ Phone Number _____ Position Applied For _____

Information Requested:

Combined Report _____ Individual Reports _____

Criminal Convictions County(s) and state(s) _____

Other: _____

This Form Provided By: Selection.com 155 Tri County Boulevard; Suite 150 Cincinnati, OH 45246 Telephone - 800.325.3609 Fax - 888.767.2435

For background check entry, send to requests@selection.com.

For employment or education verification purposes, email to releases@selection.com with the applicant's full name in the subject line.

11/2014

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