

PARENTAL PERMISSIONS

Children's Names

_____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____

Child Release Information / Emergency Contact

Who is the Emergency Contact?

Emergency Contact Telephone Number _____

Relationship to student(s) _____

Who may pick up your children?

Who may NEVER pick up your child/ren?

Do you have a custody arrangement? _____ YES _____ NO
(If yes, please include a copy with your registration)

Should the need arise, I give permission for my child/ren to receive emergency medical care while participating in Parish Religious Education. _____ YES _____ NO

Photo, Press, Audio, and Electronic Media Release

I authorize the Catholic Diocese of Arlington, its parishes and/or schools to use and publish the photographs and/or motion picture or video for which my child/ren posed, and/or any voice recordings. I agree that the Catholic Diocese of Arlington, its parishes and/or schools may use such photographs of my child/ren with or without his/her name and for any lawful purpose, including, for example, publicity, illustrations, bulletins, news, and web content.

_____ YES

_____ NO

Code of Conduct

I agree that my child/ren and I will abide by the rules and expectations of St. James Religious Education Program. I agree that if my child chooses to disregard them, they may be restricted from future attendance without the possibility of a refund.

Safe Environment / Circle of Grace Training

The parish offers Safe Environment / Circle of Grace Training each year. We will notify you when this class will be given. You will receive a copy of the lesson and a Parent Letter via email. At that time, you will be asked if your children may attend this class or if you wish to OPT OUT of it.

Online Educational Platform Release

I give permission for my child/ren to participate in online educational platforms (e.g. Google Classroom, including Meet, Hangouts; ZOOM; GoToMeeting; YouTube, etc.).

Should I choose to opt-out of online educational platforms, I must make arrangements with my parish faith formation leader (DRE) to homeschool my children or to make up the missing instruction.

_____ YES, my child/ren may participate.

_____ NO, my child/ren may NOT participate.

I have read and completed this Form.

Parents' Signature _____ **Date** _____