Good Shepherd Catholic Church

Faith Formation Registration for 2023-24

Please return registration form to Good Shepherd, PO Box 295, Rib Lake, WI 54470 by Sunday, August 27.

Upcoming Grade

Full Name of Student

(This column for Gr. 2 & 11 Only)

Disabilities & Other

	(Register for Gr. 1-12)	Parish of Baptism	Pertinent Information				
Faith Formation Fee is \$20 for the first child and \$10 for each child thereafter.							
AMOUNT ENCLOSED: \$							
Father's Name:							
LAST:	FIRST:	PHONE(S):					
Mother's Name							
LAST:	FIRST:	PHONE(S):					
Address (List for both p	arents, if different.):						
Email (List for both parents, if different):							
DISMISSAL INFO (Walk, Ride, other Details):							
Emergency Contact Name: Phone:							

*******COMPLETE AND SIGN FORM ON REVERSE SIDE******

If it is okay for your child(ren) to have photos, videos, etc. taken throughout the year, check AND sign both places only in the YES section.

If you do not want you child(ren) to have photos, videos, etc. taken throughout the year, check AND sign only in the NO section.

Be sure you sign in the SAME section that you check! Thank you.

Diocese of Superior

Youth Image and Likeness Release Form

The Diocese of Superior and its affiliated parishes and schools may with to use an image of your child in both print and electronic publicity. It is the practice of the Diocese of Superior to protect all children at all times including the public use of their images. This document has been developed to inform parents and guardian of their right to grant or refuse permission for their child's image and likeness to be used in Diocesan and affiliated parish and school media and promotional materials.

Permission to use any videotape, photograph, slide, audiotape, or any other visual or audio reproduction in which your child may appear may include promotional activities such as, but not limited to, websites, social media sites, newsprint, flyers or brochures. We reserve the right to determine which image and likeness is used and how long it will remain on the site or is used in media materials.

Dioces	an Departm	nent, Parish or School in	itiating this	form: $_$	Good Shepherd Catholic Church	
Conta	et Person: _	Mary Kauer	Phone:	715-4	127-5259	
Email	goodshe	epherd@newnorth.net	_ Fax:	715-4	427-0381	
Please	-		•	our peri	mission or refusal of permission by	
[]		permission to the Dioce image and likeness for a	-		affiliated parishes and schools to use	
	Child's nan	ne				
	Child's nan	ne				
	Child's nan	ne				
	I understar	nd that both print and ele	ectronic med	ia have	a very large audience and that my	
	child(ren)'s	s photographic image ma	y have an ex	ktremel,	y wide distribution.	
Paren	t/Guardian					
Signature (if <u>YES</u>)				Date		
[]	No, I do not give permission to the Diocese of Superior and affiliated parishes and schools					
	use my chi	ld's image and likeness f	or above-said	d use.		
	Child's nan	ne				
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					a very large audience and that my	
	child(ren)'s	s photographic image ma	ay have an ex	ctremel	y wide distribution.	
Paren	t/Guardian					
Signature (if NO)					Date	
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