

**ST. BERNARD CHURCH RELIGIOUS EDUCATION**  
**2016-2017 REGISTRATION FORM**

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<i>STUDENT'S NAME &amp; GRADE</i>	<i>DATE OF BIRTH</i>	<i>SEX</i>	<i>BAPTISM PARISH</i>
_____	_/_/___	<i>M F</i>	_____
_____	_/_/___	<i>M F</i>	_____
_____	_/_/___	<i>M F</i>	_____

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*Mother's Name:* \_\_\_\_\_ *Faith:* \_\_\_\_\_

*E-mail address (parent)* \_\_\_\_\_ *(Student)* \_\_\_\_\_

*Send important mail to ...* \_\_\_\_\_ *at* \_\_\_\_\_

*Father's Name:* \_\_\_\_\_ *Faith:* \_\_\_\_\_

*Student(s) Home Address:* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_

*Father's Address (If different):* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_

*Mother's Address(If different):* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_

*Student(s) Home Phone:* \_\_\_\_\_ *Father's cell/home Phone:* \_\_\_\_\_

*Mother's cell/home phone* \_\_\_\_\_

*Parent or Legal Guardian Signature:* X \_\_\_\_\_

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**Medical Information:**

**PLEASE FILL OUT ONE COPY OF THE DIOCESAN MEDICAL INFORMATION FORM FOR EACH CHILD AND ATTACH IT TO THIS FORM. THANK YOU.**

In case of Emergency, please contact \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Alternate contact: \_\_\_\_\_ Phone # \_\_\_\_\_

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## Diocesan Image/Media Recording Policy

The Diocese of Evansville and its affiliated parishes and schools may wish to use an image of your child in both print and electronic publicity. It is the practice of the Diocese of Evansville to protect all children at all times including the public use of their images.

By signing the Diocesan Event Waiver **(or the media release below)**, parents/guardians give consent and agree that the Catholic Diocese of Evansville, its employees, or agents have the right to take photographs, videotape, or digital recordings of their child(ren)/ward(s) exclusively for the purpose of event/program promotion. 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. The Diocese of Evansville reserves the right to determine which images and likenesses are used and how long these will remain on the site or used in media materials.

The Catholic Diocese of Evansville its agents, and employees are given all rights to exhibit images, likenesses, or recordings of youth participants in print and electronic form. No financial or other remuneration will be provided for the use of any images, likenesses, or recordings, either for initial or subsequent transmission or playback.

The Diocese of Evansville will never sell the image, likeness, or other recording/rendering of participants at any diocesan event. Given the large number of youth participants at several diocesan events, **individuals may not opt-out of the Diocesan Use of Image/Media Recording policy as we are not able to determine whether an individual who has chosen to opt-out is present in large group photos.** Again, it is important to state that the Diocese of Evansville will never sell images, likenesses, renderings, or other recordings for any purpose, and every effort is made to protect the identities of young people (e.g., their full names are never published along with photos on our website or promotional materials).

The Diocese of Evansville is not responsible for third-party recordings made at events in which we participate but of which the Diocese of Evansville is not the primary planner or executor. Similarly, the Diocese of Evansville assumes no responsibility for unauthorized pictures, videos, or other recordings made via personal cellular phones or similar devices.

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### Media Release

I represent that I am at least 18 years of age, have read and understand The Diocesan Use of Image/Media Recording Policy and this statement, and am competent to execute this agreement.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

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***We are in need of parent volunteers to help provide and serve breakfast before Religious Education Classes on Sunday mornings.  
Please sign up at the first SRE session on August 28th to help with this program.  
Thank you.***

**St. Bernard Parish Religious Education  
547 Elm Street  
Rockport, IN 47635**

Office Use Only: Check # _____
Cash _____
Amount \$_____ Date rcvd.:_____

***\$25.00 Tuition per Student - \$50.00 Family Maximum.***