

St. Hedwig's Roman Catholic Church: Religious Education Program

_____ DOB _____ CCD GRADE _____
Student's Last Name **Student's First Name** **M/D/Y**

 Address City State Zip Telephone

Father's Last Name **Father's First Name** Father's Religion

 Address City State/Zip Telephone/Cell

Mother's Last Name **Mother's First Name** Mother's Religion

 Address City State/Zip Telephone/Cell

Contact email addresses.....

Received Sacraments	YES	NO	CERTIFICATE
BAPTISM			
PENANCE			
COMMUNION			

St. Hedwig Religious Education Program is striving to maintain a high level of security for your child regarding website development. We wish to use photos (generally group photos) on our website. The pictures would be in context of a religious education activity such as a class project, participation in Masses and devotions in church. No personal information such as home address or phone number will be published.

My child _____ MAY BE photographed and placed on website.

My child _____ May NOT be photographed and placed on website.

I _____ testify that all information presented in this form is true and complete.

_____ Date _____ Signature Director Religious Education/Representative

 Paid cash / check