St. John Paul II Parish – 490 State Street, Perth Amboy, New Jersey, 08861 Phone: 732-826-1395 EMAIL: office@johpaulsecond.com

RELIGIOUS EDUCATION REGISTRATION FORM <u>2024-2025</u>

New student	☐ Returning st	udent Mal	le Fema	le 🗌 🛮 Re	egistration da	ate:	
NAME OF	STUDENT					LEVEL	
D.O.B							
AGE							
SCHOOL GRADE							
Godparen	ts -Sponsors						
LANGUAGE IN HOME							
ADDRESS							
PH	ONE						
EM	IAIL						
BAP	ГIZED						
	and When						
	MMUNION						
Where a	and When				Dhan		
FAT	HER				Phor	ie:	
Address	other than				•		
address	of student						
MO	ГНЕК				Phor	ie:	
	other than of student				•		
		•					
Parish re	egistered?	Acti	ve?	Inactive?	ENV	ELOPE #	
GUARDIAN'S NAME ADDRESS						Phone:	
EMERGENCY CONTACT						Phone:	
PICK-UP RESTRICTIONS							
ALLERGIES/MEDICATIONS							
PAYMENT		# OF CHILDREN IN CATECHISM:			CERTIFICATES		
RECEIPT #		Com I	Conf I		Birth Certifi		
AMOUNT \$		Com II	Conf II		Baptismal C		
BALANCE		RICA I	RICA II		Communion	Certificate	



PHOTO RELEASE FORM

I hereby grant to the Diocese of Metuchen and its parishes, schools and assigns, the irrevocable and unrestricted right to use, reproduce and publish photograph(s) or video(s) of me, including my/my child's image and likeness for diocesan, parish or school publications, advertising, or website(s), or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same.

I hereby release the Diocese of Metuchen and its trustees, officers, employees, agents, legal representatives and assigns from any and all claims, actions and liability of whatever nature and relating to the use of said photograph(s) and/or video(s).

Name of person in pho	oto/video (print):		
Signature:			
If under 18, signature	of parent/guardian:		
Name of parent/guardi	an (print):		
Home Phone:	Cell:	Da	te:
Address:			
City:	State:	Zip Code:	