30REST. JOHN XXIII AAPIGE	CONFIRMATION REGISTRATION	
<u>Con</u>		
ROUDIOCESE OF SERTILE	V	<u>Vebsite: www.psj23.org</u>
PARISH:		
Parent's Last Name:		First Name:
Address:	City: _	Zip code:
Cell phone:	Email	
CANDIDATE INFORMAT	TION	
Candidate's Last Name:	First Name:	
Gender: Age:	Grade:	Date of birth:
Candidate's Last Name:	First Name:	
Gender: Age:	Grade:	Date of birth:
*Food allergies or any importa	nt information we r	need to know.
Fee to cover supplies/book	use, retreat, ect	Please check below
Parishioner One child \$100	_	Non-Parishioner One child \$85
Two children \$180	_	_ Two children \$200
Three children \$250		_ Three children \$270
Places new when he	nding in this regis	tration form

## <u>A copy of birth & baptismal certificate must be attached</u>



## **POPE ST. JOHN XXIII PARISH**

## PERMISSION SLIP FOR PHOTOGRAPHING YOUR CHILD

From time to time we take pictures of our students to put in bulletin or on website for Parish life activities. We would like your permission to use these pictures for art projects for our bulletin board, classroom newsletter, the classroom website, and retreat activities. We will not disclose any specific information regarding your child to anyone outside the program that we have in our Parish. We also will never sell these pictures; we will use them exclusively for Regional Parishes purposes.

Please take a moment to let us know your preferences regarding our use of photos of your child(ren):

YES I grant you permission to use photos of my child on the Parish bulletin, website, classroom newsletter, art projects and things along this line.

\_\_\_\_\_NO Please do NOT take or use any photos of my child. Child(ren)'s Name(s) (PLEASE PRINT):

1. \_\_\_\_\_

2. \_\_\_\_\_

Parent's Name:

Date: \_\_\_\_\_