

EPARCHY OF MISSISSAUGA

Cherupushpa Mission League (CML)

Application for Membership			
Name of Child:		Date of Bi	<u>rth</u> ://
Gender: M _ F Gra	ade: Sta	atus: Returning Member	yyyy mm dd New Registration
	<u> </u>	_	New Regionation
Name of Parent(s)/Guardian:		<u>Cell #:</u>	
1	·····	1	
2		2	
Envelope # /Address:			
Email Address: 1.			
2			
Emergency Contact			
Name:	<u>Cell#:</u>	Re	elation:
NO YES - IF YES, PLEA		res, recording and wo	<u>rk</u>
Pious Associations for Children reserves the photograph/video in publications or including but not limited to: brochures,	r other media material pro	duced, used or contracted b	by Pious Associations for Children
YES , I consent to use my child's work, na withdraw consent at any time with written n previously shared.	ame and identifying images a notice to the parish office; ho	and/or recordings as outlined al wever that it may not be possib	oove. I understand that I may le to remove or recall information
NO, I do not consent to use my child's wo	ork, name and identifying im	ages and/or recordings as outli	ned above.
			Parent/Guardian Signature
Parish:			
Signature of Parent/Guardian	-		 Date