



Apostolic Exarchate for the Syro - Malabar Catholics in Canada Holy Childhood Association (HCA)

Application for Membership

Name of Child: _____

Date of Birth: ____/____/____ **Gender:** M ___ F ___ **Date of Enrollment:** ____/____/____
yy mm dd yy mm dd

Name of Parent(s)/Guardian:

Cell #:

1. _____
2. _____

1. _____
2. _____

Address: _____

Email Address: 1. _____
2. _____

Emergency Contact

Name: _____ **Cell#:** _____ **Relation:** _____

Do you have any special instructions concerning Care, Allergies, Medication, Diet, or Custody?

NO YES - IF YES, PLEASE ATTACH DOCUMENTATION

Use and Disclosure of pictures, recording and work

Pious Associations for Children reserves the right to use any photograph/video taken. Pious Associations for Children may use the photograph/video in publications or other media material produced, used or contracted by Pious Associations for Children including but not limited to: brochures, invitations, books, newspapers, magazines, television, websites, etc.

YES, I consent to use my child's work, name and identifying images and/or recordings as outlined above. I understand that I may withdraw consent at any time with written notice to the parish office; however that it may not be possible to remove or recall information previously shared.

NO, I do not consent to use my child's work, name and identifying images and/or recordings as outlined above.

Parent/Guardian Signature

Parish: _____

Signature of Parent/Guardian

Date