# EPARCHY OF MISSISSAUGA

## Jesus Kids

## Application for Membership

**Name of Child:** _____

**Date of Birth**: _____/_____/_____ **Gender:** M __ F ___ **Grade:** _____
yyyy mm dd

**Name of Parent(s)/Guardian:** **Cell #:**

1. _____ 1. _____

2. _____ 2. _____

**Envelope # /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**