

Family Last Name _____

Please Complete both sides of form & Return



2021 - 2022 Faith Formation Registration
St. James Parish – Cooperstown
18228 CTH R
Denmark, WI 54208

PARENT/GUARDIAN INFORMATION

Father's Last Name _____

First Name _____

Mother's Last Name _____

First Name _____

Mailing Address _____

Mailing Address if different: _____

Primary Contact: Name: _____

Home/Cell#: _____

Secondary: Contact _____

Home/Cellphone _____

Primary Email Address: _____

Secondary email: _____

(if applicable)

(Please indicate at least one email address. If you do not have an email account, Please indicate where you would like Communications sent to:)
Most Communication are sent via email.

Mail Communications to: _____

STUDENT INFORMATION (Please provide information only for those of your children who will be attending F.F.)

Last Name _____

First Name _____

Male/Female _____

Birthdate _____

Public School Attending _____

Grade (Fall 2021) _____

MEDIA RELEASE

During the 2021-2022 year, St. James Parish, may reproduce or participate in videotape, motion picture, audio recording, web posting or still photograph productions that involve the use of students' names, likenesses or voices. Such productions may be used for educational or exhibition purposes by St. James Parish and may be copied, copyrighted, edited and distributed by St. James Parish Catholic Community. News Media, including representatives of television, radio, newspapers and magazines, may also be permitted on church grounds and may take notes, still photos, sound recordings and/or moving pictures that may include your child. These items may appear or be used in news or feature stories by print, television, website posting or radio media. Photos and video may also be posted on St. James Facebook page or our website. You have the right to object to the use of your child's name, picture or voice in these productions and may do so by requesting and completing a form from the parish office.

I _____, the undersigned, do hereby consent that St. James Parish Catholic Community may use the name, portrait, or other likeness of my child(ren) for news releases, media and promotional activities.

Signature of Parent/Legal Guardian _____

Date _____

STUDENT EMERGENCY INFORMATION

Family physician and preferred Hospital, in case of emergency:

Doctor/Phone Number _____

Hospital _____

Emergency or Illness Contact: (If parents cannot be reached)

Name _____

Relationship _____

Phone Number _____

The following person is authorized to pick up my child(ren) in the event of a health, weather, or other emergency: (Other than parents)

Name _____

Relationship _____

Phone Number _____

ADDITIONAL INFORMATION

Please list any Health concerns, special needs, or learning concerns we should be aware of along with the child's name.

I attest the above student enrollment information is true and accurate and give permission to share this information with staff as needed.
I will notify the parish of any changes during the year.

Signature of Parent/Legal Guardian _____ Date _____ Registered Member of St. James Parish: Yes No
(please contact the parish office to register)