



2018-2019 APPLICATION & MEDICAL INFORMATION

Name _____ Last _____ First _____ Middle _____
 Gender _____ Grade 2018-19 _____ Birth Date ____/____/____
 Street Address _____ City _____ Zip _____ Home # _____

Last School Attended _____ Religious Affiliation . Parishioner . Catholic; Non-Parishioner . Non-Catholic
 Church of Affiliation _____

Mother's Name _____ Home # _____ Cell # _____
 Street Address _____ City _____ Zip _____

Workplace _____ Work # _____ Email _____
 Home # _____ Cell # _____ Zip _____

Father's Name _____ Home # _____ Cell # _____
 Street Address _____ City _____ Zip _____

Workplace _____ Work # _____ Email _____
 Home # _____ Cell # _____ Zip _____

Guardian's Name _____ Home # _____ Cell # _____
 Street Address _____ City _____ Zip _____

Workplace _____ Work # _____ Email _____

With whom does the child live? . Father . Mother . Guardian . Other Adults in home _____
 Please list any physical limitations or medical problems _____

Circle all that apply: Asthma y / n Seizures y / n
 Allergies y / n If yes, please list and explain _____

With whom (other than legal guardians) may your child be released?
 Name _____ Phone # _____
 Name _____ Phone # _____
 Name _____ Phone # _____

What is your child's typical mode of transportation after school?
 . Car Rider . Walker . Bike Rider . Extended Care
 *Please note that a 2018-19 permission form must be on file.

In case of emergency when parents cannot be located, please list in order of preference who we should contact **LOCALLY**:

Name _____	Relationship to child _____	Name _____	Relationship to child _____
Home # _____	Home # _____	Home # _____	Home # _____
Work # _____	Work # _____	Work # _____	Work # _____

In case of an emergency involving your child, it is the policy of Holy Name Catholic School to render first aid treatment while contacting parents/guardians for further instructions. In the event that the parents/guardians cannot be contacted, school officials will contact 911. I grant permission to Holy Name Catholic School personnel to send my child to the hospital for treatment. My hospital preference is _____.

I give the Holy Name Catholic School Personnel authorization to treat my child in the absence of the school nurse. _____
 Insurance coverage: y / n _____

Parent/Guardian Signature _____ Date _____



HOLY NAME 2018-2019 MEDIA RELEASE POLICY

The goal of the Highlights and Media Releases is to keep parents and students informed about all of the wonderful happenings at Holy Name Catholic School. With this in mind, we need to collect some information and permission from you.

Highlights Info (weekly school publication)
Please check which of these three forms of communication you prefer. (Please choose only one.)

I prefer to have the Highlights sent to me via email through Jupiter. I realize that this saves the school money and the quality of the school newsletter is for better...color and crispness of photos!

I prefer to read the Highlights on the Holy Name web site. I understand that this saves the school money and time!

I do not have access to email or Internet access, therefore, I would prefer to receive the Highlights in print format.

Please choose this form **ONLY if you **DO NOT** have email or Internet access.**

Please send the Highlights home with:

Grade _____ Teacher _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

MEDIA Info

As Archdiocesan policy states, "In general, passive consent is needed from parents for the parish/school to use student images without personal identification in school or parish publications or on websites. That is, parents should have an opportunity to object to the general release of their child's image and other "directory information" by the school or parish at the beginning of the program year". After reviewing the information below, please acknowledge with your signature as indicated below.

I understand that from time-to-time images (photographs, videos, etc.) of my child may appear without specific identifying information in school or parish publications, brochures, programs, or on websites unless I object in writing (such objections cannot be construed to include "crowd shots" in public settings such as athletic events, youth rallies and other such events over which the school/parish may not have overall control). The use of images with identifying information shall require specific parental permission before publication.

"Directory information" regarding my child may also be shared for legitimate purposes without parental consent. Directory information is generally defined as: names, addresses, telephone listings, e-mail addresses, date and place of birth, honors and awards, dates of attendance and similar information for school/parish use for purposes such as program rosters, athletic rosters, parish directories, parent-to-parent directories, playbills, programs, yearbooks, honor rolls and other such purposes. Directory information may generally be released to third parties such as school photographers, colleges, military recruiters, trip organizers, class ring vendors and others for legitimate purposes unless the parent objects in advance in writing.

In instances when images of children or adults are identified in and released for any publication by the school or parish along with accompanying information about the person, their accomplishments, etc., you will be contacted to sign a release form for such publication.

Holy Name Catholic School also reserves the right to publish any awards that a student may earn (for example, Honor Roll) in the Highlights in both print and electronic formats, identifying students by first and last name. If a parent prefers for a student's name to be omitted, a written request by the parent should be sent to the school office that indicates such information should not be shared or distributed.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

Home phone _____ Cell Phone _____ Work Phone _____

HOLY NAME OF JESUS CATHOLIC CHURCH
Parish Stewardship Pledge

Please list the first and last names of all family members:

1. If you are Catholic and a member of Holy Name Parish, please spend some time as a family praying over and discussing these questions:
How will I ensure that my family attends Sunday Mass on a weekly basis?
If we have not been consistent in making it to Sunday Mass, what will we do differently to make sure that we are taking part in this great gift that God offers us in the Eucharist?

2. Please see the list of opportunities to participate in parish events and ministries on the reverse side of this worksheet, and indicate those ministries in which members of your family choose to participate.
Also please understand that we need all school families (regardless of whether or not you are a member of the parish) to help as much as they are able with the Mardi Gras Reverse Raffle, Legacy for Holy Name, and Oktoberfest. These events are important for helping to fund the operations of Holy Name School.

3. At what level will your family be able to help support the parish by tithing? (Please provide a pledge of the amount your family is willing to give Weekly, Monthly, and/or Annually). – This applies only to Families that are members of Holy Name Parish.

I understand that being an active member of the parish means participating in the manner listed above. I pledge to make every effort to attend Mass on Sundays and Holy Days of Obligation, and to meet the commitments I have stated in the above pledge.

Name of Household Parent

Signature



Please Return this form with your Holy Name School Registration materials.

HOLY NAME OF JESUS CATHOLIC CHURCH

Parish Stewardship Pledge

HOLY NAME TIME AND TALENT OPPORTUNITIES

Please list the family member's name next to the ministry in which he/she chooses to participate.

Parish & Education Ministries

- *Building and Grounds
- *Clerical Office Assistance
- *Finance Committee
- *Parish Council
- *Parish Website
- *Holy Name School
- *Alumni Association
- *Mardi Gras Reverse Raffle
- *PTO
- *School Commission

Faith Formation Ministry

- *Bible Study
- *Confirmation Team
- *Cursillo
- *Middle School Youth Ministry
- *High School Youth Ministry
- *Faith Formation Commission
- *RCIA Team
- *Religious Education Catechist
- *Religious Education Helper
- *Theology Thursday
- *Vacation Bible Study
- *Other

Spiritual Life

- *Adoration
- *Adult Choir
- *Altar Server
- *Eucharistic Minister
- *Lector
- *Liturgy Committee
- *Sacristans
- *Ushers
- *Youth Choir
- *Other

Family & Social Services Ministries

- *Altar Society
- *Athletic Commission
- *Men's Club
- *Mercy Meals
- *Oktoberfest Volunteers
- *Over 50's Group
- *Prayer Tree Chain
- *Respect Life Committee
- *St. Vincent DePaul Society
- *High School Ministry

Gifts of Talent

Do you have other skills, talents or resources you would be willing to share? Please describe?

