



St Mark Catholic Church  
 1011 Eastwood Road  
 Wilmington, NC 28403  
**Children's Faith Formation Registration**

OFFICE USE	
Date Received:	_____
Received by:	_____
Amount:	\$ _____
Payment Type:	_____
Sacrament Prep Yr. 1	___ Yr. 2 ___

**Children's Faith Formation Registration Fee**

Grades 1, 3, 4, 5, - \$ 50.00 per child  
 First Reconciliation and First Communion —\$ 65.00 per child  
 This fee has been set to cover the cost of books and other classroom supplies associated with this specific program.

In keeping with Diocesan requirements for the Sacrament of Eucharist, St. Mark Catholic Church has a 2 year program.  
**\*\*COPIES OF BAPTISMAL CERTIFICATES ARE REQUIRED FOR ALL CHILDREN ENROLLED IN SACRAMENT PREPARATION PROGRAMS—YEAR 1 AND YEAR 2.**

**Family Name:** \_\_\_\_\_

Registered Parishioner: \_\_\_\_\_ Y \_\_\_\_\_ N

**Child's Name:** \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade for 2017-2018 School Year: \_\_\_\_\_

Address: \_\_\_\_\_

Special Needs/Concerns/Allergies: \_\_\_\_\_

**Please check one:**

Wednesdays 4:15—5:30 \_\_\_\_\_ OR Wednesdays 6:30—7:45 \_\_\_\_\_

What Sacraments has your child received?  
 \_\_\_\_\_ Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ 1st Communion

Child's Parish of Baptism: \_\_\_\_\_

Address of Parish: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

(Office use only: Baptismal Certificate on File: \_\_\_\_\_)

**Mother/Guardian:** \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Family Email address: \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Emergency Contact Information** (This must be someone other than parents)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Authorization for Release and Use of Images

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1. The right to use my or my minor child's name, photograph, picture, portrait reproduction and likeness (hereinafter collectively known as "Image") in connection with any legitimate purpose;
2. The right to use, reproduce, publish, exhibit, distribute, and transmit my or my minor child's Image individually or in conjunction with other images or printed matter in the production of brochures, internet/worldwide web, still photography, CD-ROM, and other media;
3. The right to record, reproduce, amplify and simulate my or my minor child's Image;
4. The right to copyright, in its own name, works that contain my or my minor child's Image; and
5. The right to assign the above-mentioned rights to third parties.

I hereby waive the right to inspect or approve my or my minor child's Image or any finished materials that incorporate such Image. I understand and agree that I will receive no compensation, now or in the future, in connection with the use of such Image.

I hereby release and forever discharge St. Mark Catholic Church and School from any and all claims, demand, rights, and causes of action of whatever kind that may arise from the use of my or my minor child's Image, including all claims of libel and invasion of privacy.

I understand that publication may be accomplished electronically via the internet/worldwide web and that after publication St. Mark will be unable to prevent persons from gaining access to the internet/worldwide web, copying my or my child's image there from, and subsequently using, altering or republishing it without my consent.

Name of parent/legal guardian (please print) \_\_\_\_\_

Signature of parent/legal guardian: \_\_\_\_\_

Date: \_\_\_\_\_

### Please indicate if you are available for any of the following:

Lead Teacher \_\_\_\_\_                      Substitute \_\_\_\_\_                      Office Help \_\_\_\_\_

Assistant Teacher \_\_\_\_\_                      Hallway Help \_\_\_\_\_                      Other \_\_\_\_\_

Receptions \_\_\_\_\_                      Snack Donations \_\_\_\_\_