



**HOLY ANGELS**  
**RELIGIOUS EDUCATION REGISTRATION**  
Please complete an individual form for each child to be registered  
(PLEASE COMPLETE BOTH SIDES)

**PLEASE NOTE:** This page has THREE separate signature lines. Please read and complete each area.

**PHOTO RELEASE:**

Parent Authorization, Consent and Release.

The undersigned parent hereby authorizes and consents that Holy Angels Religious Education Staff be permitted to use and publish for publicity purposes, the name and likeness of my child \_\_\_\_\_, or for any other lawful purpose whatsoever, including electronic media.

The undersigned parent hereby release Holy Angels Parish and staff from any liability in connection with such use.

The parent acknowledges having read this release, having the opportunity to consider and understand its terms and does hereby execute it voluntarily with knowledge of its significance.

Parent / Guardian Signature: \_\_\_\_\_

Please print your name: \_\_\_\_\_ Date: \_\_\_\_\_

**PROTECTING OUR CHILDREN:**

The Archdiocese of Los Angeles is committed to compliance with the U.S. Bishops' Charter for the Protection of Children and Young People. Article 12 of the charter mandates that "each" diocese establish and maintain a Safe Environment Program for children and youth. In light of this, the VIRTUS Teaching Touching Safety Program for Children and the EmpowerKids What Tadoo Programs were adopted and approved by the Archdiocese of Los Angeles.

Holy Angels will present one of these abuse prevention programs to our students during the year, as part of our ongoing effort to help create and maintain a safe environment for children and protect all children from abuse. This program is presented to ALL CHILDREN in the parish – EVERY YEAR, not just once.

We encourage all parents to read *Protecting God's Children – Teaching Touching Safety, A Guide for Parents and Other Caring Adults*, which will be distributed at the beginning of the year. You will have the opportunity to review the program and the materials and ask any questions you may have. As a parent, you have the right to choose whether your student participates. Please complete the form below for your child to participate in the 2011/2012 program.

I understand that the only way my child will be allowed to participate in the Protecting God's Children "Touching Safety Program" or EmpowerKids What Tadoo Programs is with my approval. I am specifically requesting the Holy Angels Religious Education staff present this program to my child.

Please print child / teen name: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** (Contacts MUST be individuals other than parents.)

**Emergency Contact:**

Name _____	Relationship _____	Home Phone _____	Work Phone _____	Cell Phone _____
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**Emergency Contact:**

Name _____	Relationship _____	Home Phone _____	Work Phone _____	Cell Phone _____
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**Consent for treatment:** Should it become necessary for my child to have medical treatment, I hereby give the Religious Education Staff at Holy Angels permission to use judgment in obtaining medical service for my child, and I give permission to the physician selected by the parish personnel to render medical treatment deemed necessary and appropriate by the physician.

Parent / Guardian Signature: \_\_\_\_\_

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