

**St. Louis Parish, Custar**  
**Religious Education Registration**  
**2018 – 2019 School Year**

Parent's First and Last Name:

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

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Home Phone: \_\_\_\_\_

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

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

School: \_\_\_\_\_

Mother Catholic? Y N      Father Catholic? Y N

**Child's Name**

**Birth Date**

**Grade in School**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Permission to Use Photograph**

I hereby grant DO NOT grant permission for St. Louis Parish, Custar, to publish a photograph of my child(ren) in online and/or print communications including the parish website, newsletters, external publications or parish social media sites for informational or promotional purposes.

Parent/Guardian Signature & Date \_\_\_\_\_

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