



## St. Josephine Bakhita Faith Formation

Saint James Campus

Attn: Faith Formation

767 Elm Street

Rocky Hill, CT 06067

860 529-1274

[Monica@sjbrh.org](mailto:Monica@sjbrh.org)

Monica Piombino, Director

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### Photo/Video Release

I grant permission for my youth to be photographed/videotaped during St. Josephine Bakhita Faith Formation activities. I realize the photo may be published in the newspaper, the parish website or other publication.

Yes \_\_\_\_\_ No \_\_\_\_\_

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

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### Communication

Email is our primary method of communicating to our families. We are also working toward text notification.

In order to ensure you are well-informed, please indicate which email/phone is the best way to reach you:

Best email/cell phone: Mom ( )

Dad ( )

Both ( )

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### Medical Release Form

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

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

Phone (home): \_\_\_\_\_ (cell): \_\_\_\_\_ (work): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

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

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### - OFFICE USE ONLY -

Class List \_\_\_\_\_

Sacramental Information \_\_\_\_\_

New Family \_\_\_\_\_

P.D.M.S. \_\_\_\_\_

Amt. Pd. \_\_\_\_\_ Ck. # \_\_\_\_\_ Cash \_\_\_\_\_

Medical Form \_\_\_\_\_

Date Rec'd \_\_\_\_\_