

**ST. ELIZABETH ANN SETON - CATECHESIS OF THE GOOD SHEPHERD
RELEASE, PERMISSION AND CONTACT INFORMATION FORM
(Return this form to the SEAS CGS before September 1)**



Student(s) Name(s): _____

Parent(s) (Legal Guardian(s) Name(s): _____

Contact information for Atrium session, cancellation, and general

A.) Contact **Telephone Number** that you can be reached at **during atrium session** (i.e. Cell/Home):

B.) Contact for **last minute/unforeseen & cancellation** occurrences (i.e. Email-Text-Phone call):

C.) Contact for **General and Periodic Updates** (i.e. Email or Phone call):

STUDENT DISMISSAL/RELEASE AUTHORIZATION

My child _____ has permission to be dismissed to the following person(s) after St. Elizabeth Ann Seton Catechesis of the Good Shepherd Atrium sessions:

*Signature: _____ Date: _____

ST. ELIZABETH ANN SETON CATECHESIS OF THE GOOD SHEPHERD PERMISSION TO PUBLISH

St. Elizabeth Ann Seton Catechesis of the Good Shepherd program at various times of the year has materials published with pictures of children from the Catechesis of the Good Shepherd Atria. These publications could include, but not limited to, articles, videos, promotional materials, web site, and the like. Please indicate your intentions below by checking your choice.

_____ I grant permission to St. Elizabeth Ann Seton Catechesis of the Good Shepherd to use the pictures/video, etc. of my student(s) in publications.

_____ I DO NOT grant permission to St. Elizabeth Ann Seton Catechesis of the Good Shepherd to use the pictures/video, etc. of my student(s) in publications

*Signature: _____ Date: _____

* **Your signature is required on both of the releases above**