

Our Lady of Victories Church

Religious Education | CCD

2217 John F. Kennedy BLVD.

Jersey City, NJ 07304-1416



STUDENT INFORMATION

Student NAME: _____

Last Name | First Name

Home Address: _____

Mobile Phone Number: _____ Date of Birth: _____

Email: _____

Name of School: _____ Grade: _____

Allergies: _____

Person to notify in case of emergency:

NAME: _____

Last Name | First Name

Mobile Phone Number: _____ Relationship: _____

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Family Information Sheet:

Father's Name: _____

Last Name | First Name

Mobile Phone Number: _____ Email: _____

Mother's Name: _____

Last Name | First Name

Mobile Phone Number: _____ Email: _____

How many children are you enrolling in Religious Education? _____

Email to be enrolled in God's Park | OMG Woof: _____

Signed By: _____ DATE: _____

Sacraments Information:

Baptismal Date: _____ First Communion Date: _____

Parish Name: _____ Parish Name: _____

Attach copy of certificate's on any that applies

Registration Fee \$60 | First Holy Communion \$70 | Confirmation \$30

Payable to "Our lady of Victories"

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**PHOTOGRAPHY/VIDEOGRAPHY CONSENT FORM FOR USE BY OUR LADY OF VICTORIES PARISH
AND FOR SUBMISSIONS TO THE ARCHDIOCESE OF NEWARK**

Minor (anyone under 18 years of age)

I, _____ (Parent/Guardian Name), hereby authorize

_____ (the "Parish/School"),
_____ (Parish/School Address) and the Roman Catholic Archdiocese of
Newark (the "Archdiocese"), 171 Clifton Avenue, Newark, New Jersey, to use
_____'s (Minor's Name) name and likeness in any photograph(s)/video(s) from
this date _____ (today's date) forward. I understand and agree that any photograph(s)/video(s)
shall exclusively be the property of, and the right, title, and interest of the Parish/School and the Archdiocese, for use
including, but not limited to, the Parish/School's and the Archdiocese's print, video, online, and electronic promotional
materials. I further agree and acknowledge that the Parish/School and the Archdiocese have made no representation or
promise to me regarding the quality or editing of any photograph(s)/video(s) taken.

I hereby release and hold harmless the Parish/School and the Archdiocese from any reasonable expectation of privacy or confidentiality associated with the images specified above. I acknowledge and agree that the minor's participation is voluntary; he/she will receive no financial compensation. I acknowledge and agree that publication of said photograph(s)/video(s) confers no rights of ownership or royalties whatsoever.

I hereby irrevocably authorize the Parish/School and the Archdiocese to edit, copy, exhibit, publish or distribute any photograph(s)/video(s) for purposes of publicizing the Parish/School's and the Archdiocese's programs or for any other related, lawful purpose. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein the minor's likeness appears. I grant to the Parish/School and the Archdiocese permission to publish the minor's name and use the minor's likeness from the photograph(s)/video(s) taken. This permission extends to the Parish/School and the Archdiocese and any subsequent party that the Parish/School or the Archdiocese may designate that is involved in the production, reproduction, and distribution of the photograph(s)/video(s).

I hereby release and hold harmless the Parish/School, the Archdiocese, their respective contractors, employees, and any related third parties from all actions, claims, damages, costs, and/or expenses, including attorney's fees, brought by myself, the minor, and/or the parent/guardian, which relate to, or arise out of, any use of the photograph(s)/video(s) as specified above.

I have read the above terms and conditions contained in this consent. I understand the contents of this consent and that I am waiving and relinquishing all rights that I may have as set forth above. I also understand that this consent will remain in effect unless and until revoked by me in writing and communicated to the Parish/School.

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Authorization:

Minor's Name: _____

Minor's Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

(if student is under 18 years of age)