



## Regina Catholic Schools Ukrainian Program Registration Form and Student Information Sheet 2024-25

*(Please return to the St. Timothy office before Sept. 9<sup>th</sup>, 2024)*

Student Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: (306) \_\_\_\_\_ Cell#: (306) \_\_\_\_\_

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

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Allergies: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Phone: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Phone: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Preferred Evening: \_\_\_\_\_ Wednesday (4:30-6:30 p.m.) \_\_\_\_\_ Thursday (6-8 p.m.)

CONSENT	DESCRIPTION
Regina Catholic Schools/Media	<p>I consent to my child appearing in motion pictures or still photographs being made of my child's/ward's likeness, acts, appearances; and sounds records made of child's/ward's voice, by photographers or other personnel employed by or hired by Regina Catholic Schools for educational, advertising or other such purposes as deemed appropriate by Regina Catholic School Division.</p> <p>I also consent to my child being photographed and video/audio recorded and interviewed by members of the media including newspaper, television, and radio. (please circle one)      Yes      No</p>

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