

## Capital Area Religious Education (CARE)

A Partnership of Cathedral Parish of Saint Patrick & Our Lady of the Blessed Sacrament Parish

### Grade 1-12 Photograph Release

*Please check one of the two options below.*

Names of Students \_\_\_\_\_

\_\_\_\_\_ I hereby consent to and authorize the use and reproduction, in print and electronic format by the Cathedral Parish of St. Patrick and Our Lady of the Blessed Sacrament Parish, Harrisburg, Pennsylvania, of any and all photographs captured of the minor/s (under 18) named above for any parish publicity purpose, including but not restricted to Internet home page, brochures, bulletin boards, parish Facebook pages, and other parish marketing applications. All images, electronic digital files, positive slides, and negatives are owned by the parish and the signer acknowledges and understands that the photo likeness will be used by the parish without compensation. I hereby acknowledge that I am 18 years of age or older and have read and understand the terms of this release. I recognize that this release extends to the start of the following school year.

OR

\_\_\_\_\_ I do not want photographs of my child/ren named above to be used for parish publicity.

Parent/Guardian Name (Print) \_\_\_\_\_

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

### Grade 7-12 Communication Release

*If you have a child in grades 7-12, please check one of the three options below.*

\_\_\_\_\_ I agree that my child/children in grades 7-12 may be contacted by catechists of Capital Area Religious Education in Harrisburg, Pennsylvania regarding upcoming activities, events, or to follow up on class discussions. This communication can take place via phone calls, text messages, emails, Facebook, or other social media that my child(ren) provides a catechist.

OR

\_\_\_\_\_ I prefer that my child/children be contacted only in the following ways (specify cell phone or text number, email address, Facebook page, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OR

\_\_\_\_\_ I prefer my child/children to be contacted only via the family contact information I provided on page one.

Parent/Guardian Name (Print) \_\_\_\_\_

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

If your preferences are different for different children, please fill out multiple forms. Please contact Marianne Weltmer at [recoordinator@comcast.net](mailto:recoordinator@comcast.net) or 232-2169 with any questions. Thank you!