



**PROGRAM IS HELD ON SUNDAY EVENINGS FOLLOWING THE TEEN MASS 6:00-8:00**

*FEES: 1 child—\$140 or 2 children \$250*

STUDENT NAME: Last: \_\_\_\_\_ First: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Health Concerns/Allergies/Special Needs: \_\_\_\_\_

***Notice of Training of Children under the Updated Policy of the Archdiocese of Atlanta Concerning the Protection of Children and Vulnerable Individuals***

\_\_\_\_\_ I hereby grant my approval for my child to attend the Archdiocesan training which will be conducted at one of the EDGE nights

\_\_\_\_\_ I decline to grant approval for my child to attend the Archdiocesan training, but understand that as the primary educator of my child the Church requests that I certify that I have provided such training to my child within the family. <http://www.archatl.com/ministries-services/safe-environment/grades-k-12/>

***PARENT/GUARDIAN CONSENT***

\_\_\_\_\_ I understand that promotional pictures (individual or group) will be taken at EDGE events. I give permission for my teen's pictures to be used for promotional materials (permission slips, newsletter, webpage, calendars, parish bulletin, social media, etc.) highlighting the event.

Parent Signature \_\_\_\_\_