



T: (905) 451-1422
F: (905) 451-0223



www.demazenod.org



1252 Steeles Ave. West
Brampton, ON L6Y 0A9



FORMA REJSTRACYJNA DOBRY PASTERZ

REGISTRATION FORM GOOD SHEPHERD

DZIECKO / CHILD

Nazwisko i imię / Last and First name _____

Data i miejsce urodzenia / Date & place of birth _____

Numer OHIP/ OHIP Number _____ Alergie / Allergies _____

KATECHEZA

RODZICE / PARENTS

Imiona rodziców / Names of parents _____

Adres rodziców / Parents address _____

Telefon kontaktowy / Phone number _____
(matka / mother) (ojciec / father)

e-mail _____

Status Związku / relationship status kawaler / panna single małżeństwo married konkubinat common in law inne other

Opłata / Fee _____

Podpis / signature _____
(matka / mother) (ojciec / father)

Data / Date _____



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REGISTRATION FORM GOOD SHEPHERD



Archdiocese
of Toronto

Catholic Pastoral Centre
1155 Yonge Street
Toronto, Ontario M4T 1W2
T 416.934.0606
www.archtoronto.org

Archdiocese of Toronto Photo/Video Release Form

I/we, the undersigned (PLEASE PRINT NAME) _____
do hereby consent to have photographs and/or videos taken of me for the use in any form of media and/or any publicity material produced or printed by the Archdiocese of Toronto or other appropriate partners. The undersigned authorizes the photographer/videographer to make reproductions of the photographs and/or videos to be used at the full discretion of the above-mentioned parties.

The undersigned releases and forever discharges the aforementioned parties and the photographer/videographer/production company against all actions and claims.

PARTICIPANT'S SIGNATURE

PARTICIPANT/GUARDIAN SIGNATURE

DATE