Reset Form

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

Thursday - 6:00pm- 7:00pm

☐ ☐ ☐

RODZICE / PARENTS

Imiona rodziców / Names of parents _____

Adres rodziców / Parents address _____

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

e-mail _____

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

Opłata / Fee $ voluntary donation

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

Data / Date _____

siostra.eugeniusz@gmail.com

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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