

ST. JANE FRANCES DE CHANTAL FAITH FORMATION 2016-2017 Media and Directory Permission Form FOOT / K-8 / Youth Ministry

Child's Name			Grade	
_	First	Last	_	

I do ___ I do not ___ give my permission to have my child appear in any media coverage approved by the Director of Faith Formation. I understand that the Director has authority to determine what an appropriate request is.

I do ___ I do not ___ give my permission for our names, addresses and telephone numbers to appear in a Family Directory that is intended solely for the use of staff, parents and children of the program.

Parent/Guardian Signature	Date	