



ST. MARGARET, QUEEN OF SCOTLAND  
PARISH SCHOOL OF RELIGION  
REGISTRATION FORM  
2025-2026 SCHOOL YEAR

Church Office Use Only

Amount Paid\_\_\_\_\_

Date Paid\_\_\_\_\_

Are you a registered member of St. Margaret, Queen of Scotland? \_\_\_\_ YES \_\_\_\_ NO If no, in which parish do you belong?\_\_\_\_\_

For your child to attend PSR at St. Margaret, you MUST be either a registered parishioner of this church parish OR a letter from the pastor where you are registered MUST accompany this form. If your child was not baptized at St. Margaret, a certified copy of his or her baptism certificate MUST accompany this form.

**FEES:** A registration fee of \$40.00 per child must accompany this form BY AUGUST 6, 2025! Any forms submitted after August 6, 2025, will be subject to a \$10.00 late fee.

STUDENT'S NAME (First, Middle & Last)	Birth Date	Gender M=Male F=Female	Baptized? Yes or No	If yes, at what church? Church NAME & CITY	First Communion? Yes or No	Confirmation? Yes or No	Current School Grade

The student(s) named above lives/live with (check one): ☐ Both Parents ☐ Mother only ☐ Father only ☐ Other\_\_\_\_\_ Please indicate full name and relation to student(s).

**\*\*\*** If your child's **baptismal certificate** has not been provided in the past, a copy must accompany this form. If no record is received, you will be contacted to obtain a copy of this certificate!

Father's Name:\_\_\_\_\_ Last First Middle

Mailing Address:\_\_\_\_\_ Street or P. O. Box City State Zip Code

Mother's Name:\_\_\_\_\_ Last First Middle

Street Address:\_\_\_\_\_ (if different than mailing) Street City State Zip Code

Father Email: \_\_\_\_\_

Mother Email: \_\_\_\_\_ To be used only for transmitting messages related to PSR.

Father's Cell Phone No.: \_\_\_\_\_

**Please list any medical conditions, disabilities or allergies we should know about:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother's Cell Phone No.: \_\_\_\_\_

I understand and appreciate that the registration/continuation of my child(ren) in the Parish School of Religion is contingent on my family's active participation at St. Margaret and I will set a good example in this respect to affirm and reinforce the religious education provided to my child(ren).

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

# St. Margaret, Queen of Scotland Catholic Church

30300 Catholic Hall Road, Hammond, Louisiana 70403

Post Office Box 100, Albany, Louisiana 70711

## **PHOTOGRAPHY CONSENT AGREEMENT & RELEASE OF LIABILITY (Adult & Minor Participant Form)**

**PLEASE PRINT CLEARLY. FORMS MUST BE COMPLETED FOR/BY EACH PARTICIPANT!**

In consideration of the taking and use of photographs of the individual named below (hereinafter referred to as "Adult" or "Minor"), for good and valuable consideration herein acknowledged and received, I hereby grant St. Margaret, Queen of Scotland Catholic Church the irrevocable and unrestricted right and permission to take, use, reuse, publish, and republish photographs and videos of the Adult or Minor, or those in which the Adult or Minor may be included, made through any medium and in any and all media now or hereafter known for illustration, promotion, art, editorial, advertising, trade, or any other purpose whatsoever. I further consent to the use of any published matter in conjunction therewith.

I hereby waive any right that I or the Minor may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied. In exchange for the benefits derived by my and/or the Minor's participation in this project, I hereby grant that I agree that I, my heirs, distributees, guardians, legal representatives, and assigns do release and will indemnify, hold harmless the photographer, St. Margaret, Queen of Scotland Catholic Church, and its agents for claims for libel or violation of any right of publicity or privacy arising out of or in connection with my participation or the Minor's participation in the photography project, from whatever cause, including the active or passive negligence of the photographer, St. Margaret, Queen of Scotland Catholic Church, or its agents.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND HEREBY SIGN IT OF MY OWN FREE WILL.**

**Minor Participant (Print Name):** \_\_\_\_\_

**Signature of Parent/Guardian for Consent:** \_\_\_\_\_

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

**Signature of Adult Participant:** \_\_\_\_\_