



**ST. JANE FRANCES DE CHANTAL FAITH FORMATION**  
**2017-2018 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** \_\_\_\_\_