



## ACKNOWLEDGEMENT

This is to acknowledge that I have received and reviewed a copy of the

\_\_\_ Policy Regarding Sexual Abuse of Minors revised 2013

\_\_\_ Standards of Behavior for Those Working with Minors revised 2014

I understand that I am responsible to become familiar with the contents of the above documents. I agree to abide by and to conduct myself in complete accord with them.

(Please print clearly)

Name \_\_\_\_\_

Position \_\_\_\_\_

Agency, parish, institution \_\_\_\_\_

City \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

This form is to be completed, signed and returned to the parish/school/agency for which you will be working/volunteering.

**Priests and Deacons only:**

This form is to be completed, signed and returned to the Chancery or Deaconate Office by mail or fax

**Sacred Heart Parish Religious Education  
Parent Acknowledgement Form**

*(Annual Basis)*

By signing this document I acknowledge that I received from the Religious Education Office the following forms:

1. Parent Guide: Understanding and Preventing Child Sexual Abuse Brochure
2. Parent Guide: Internet Safety for Teens ( Revised November, 2010 )
3. Parent Guide: Sexuality, Chastity & Our Youth ( Grades 5-8 )

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Name (Printed)

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Signature

Date

**Sacred Heart Parish**  
**Religious Education Photo Permission Slip**

From time to time we would like to take pictures during class activities. We would like your permission to use these pictures on our website or in the church bulletin. Pictures would be selected to highlight activities during Religious Education activities such as adoration, church and classroom activities and our confirmation retreat. **We will never reference your child by name or provide any specific information regarding your child.** The pictures will only be used by Sacred Heart Church to highlight the activities of the program. This permission will be used from year to year unless you decide to change your decision about this permission.

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*Please take a moment to let us know your preferences regarding our use of photos of your children:*

YES. I grant permission to use photos of my child in Religious Education classes and activities.  
-OR-

NO. Please do NOT take or use any photos of my child.

Child(ren)'s Name(s) (PLEASE PRINT):

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Parent/Guardian's Signature:

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Date: \_\_\_\_\_