

Are there any special learning needs of your child that you wish to share with the classroom teacher?
(Example: hearing loss, reading level, extra help during tests) (yes ___ no ___)
If so please fill in below.

Child's Name _____

Is the child on any medication or does he/she have any health needs that we need to be made aware of?
(yes ___ no ___) If so please fill in below.

Child's Name _____

PHOTOGRAPHIC PERMISSION

I _____ give permission to St. Catharine's Parish Religious Education Program
Print parent/guardian name

to photograph my child(ren) _____ for use within the PREP
PLEASE PRINT CHILD(REN)'S NAME(S)

program classroom projects and power point presentations. I understand that the pictures will be used in connection only with PREP and will not be sold, loaned, or otherwise provided to news agencies, photographic agencies or other groups.

Date _____ Signature _____

Please indicate an emergency contact other than parents or guardian. In case of an emergency we will try to reach parent/guardian first before using the alternate emergency contact.

Alternate Emergency Contact (In case we cannot reach you in a medical emergency)

1) _____
NAME PHONE NUMBER RELATIONSHIP TO STUDENT

Family Doctor _____ **Telephone Number** _____

In case of accident or illness, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize this representative to call the emergency contact person and/or the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment, and/or medication deemed necessary. I understand that St. Catharine's does not provide transportation. They also do not provide supervision after the child leaves the building. If it is necessary that my child be taken from the building where catechetical sessions are held, I designate the person above as having the authority to do so in my place.

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

Parent/Guardian Signature: _____ **Date:** _____

I give permission for my child to go on field trips. I release St. Catharine's Parish and individuals from liability in case of accident during activities related to St. Catharine's PREP, as long as normal safety procedures have been taken.

Parent/Guardian Signature: _____ **Date:** _____

PARENTAL PARTICIPATION

It is expected that each family participate in some way during the year in the Religious Education Program. Many opportunities for your participation are included below. Please consider how you could be of some service to your child and the other children of our parish. Thank you.

- Catechist (Teacher): which grades? _____
- Catechist's Assistant (assisting Catechists at weekly classes) _____
- Work one-on-one with a child needing individual attention
- Hall Monitor during class time (specify day) _____
- Fund Raising Committee (Pre-Super Bowl Dance, Fashion Show, candy and wreath sales, etc.)
- Class Parent
- Bake, set up and clean up at Parish Functions
- Parent/Catechist Association
- Parent/Catechist Newsletter
- Chaperone St. Patrick's Cathedral Trip
- Chaperone and help out at the Retreat
- Unfortunately I cannot physically help out during class hours, but please accept my \$10 donation for office supplies.

GROWING TOGETHER - BUILDING A COMMUNITY OF FAITH WHERE WE FEEL LOVED AND RESPECTED