

Saint Callistus Faith Formation

Children's Names: _____

Family Information:

Father: _____ Mother: _____

Children live with: Both parents _____ Father _____ % Mother _____ %

Family Address:

If custody is split – do you want materials mailed to BOTH parents throughout the year? _____

If so, please give address:

Email: _____

Phone Numbers: Home _____

Dad Cell: _____ Mom Cell: _____

May I send text messages? _____ Are you signed up for Remind Messages? _____

Children's Information:

Name	Grade	Birthday	Baptized? Where
			Y N
			Y N
			Y N
			Y N

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Children's Health Information: please indicate any allergies (esp. food) and any learning or physical needs

Name	Allergies	Physical or Learning Needs

Permission to Photograph: please initial approval at the end of each statement

I give permission for a picture of my child/children and their name to be published and displayed:

Church _____ Classrooms _____ Parish Hall _____
 Hallways _____ Newspapers _____ Banners _____
 Web-page _____ Facebook _____ Diocesan News _____

Permission to participate in Field Trip scheduled during class time: please sign at the end of the statement

I give permission for my child/children to accompany a catechist/chaperone, all who have clearances and training, to take short walks during class. These walks could be part of service, lesson and prayer. _____

***For field trips that require transportation by bus or car, parents will be notified and further Diocesan documentation will be used.**

Child Protection Training:

Our Religious Education Program is mandated by the Bishops of the United States to in-service all students annually regarding Safe Environment. Your child will receive this in-service sometime during the catechetical year. If you do not want your child to participate, please sign the appropriate box below and your child will be withheld from the program when it is presented. You will be given the information to present to your child.

My child/children **MAY** receive the in-servicing: _____

My child/children may **NOT** receive the in-servicing. I prefer to present this information to my child/children. _____

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Emergency Contact Information:

In the event of an emergency, the parents/guardians will be the first notified. However, if I cannot reach a parent ~ who should be notified?

Name _____ Phone _____ Relationship _____

Permission to pick up my child/children: Elementary Children ONLY

Elementary students are to be picked up at their classroom doors. Class ends at 10:15, please make every effort to be there at that time to pick up your child. We will only release children to their parents or those on this list.

The following person(s) have permission to pick up my child/children from Religious Education classes or activities:

Name	Relationship

We understand that this list can change. If your child is to go home with another person NOT on this list (ex. A friend) please just send a note to class with your child.

If there is someone that your child should NOT be leaving with – please list their names and contact Michele Smith.

Middle / High School parents: your child/children are dismissed out the back doors of the church. We ask that you pick your child/children up in the parking lot. From time to time, older students will give rides to friends ~ if this is NOT ok with you and you DO NOT want your child riding home with a friend, please let Michele Smith know.

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From time to time throughout the year, I need adult help with projects. If you would be willing to assist with any of the following, please check mark the activities and I will be in touch with you when the time comes.

- Catechist / Co-Catechist
- Snacks
- Substitute teacher
- Special crafts
- Operation Christmas Child Activities
- Advent Workshops – wreath making
- Epiphany Party
- Kitchen Help
- Photographer
- Help with Socials for Sacraments
- Other _____

Name _____ Phone Number _____

*Some activities may require clearances