



**Responsibility for picking up my child(ren), if other than a parent:**

Name \_\_\_\_\_ Phone/cell # \_\_\_\_\_

**In the event of an Emergency and a parent cannot be reached please contact:**

1. Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone/Cell# \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone/Cell# \_\_\_\_\_

**Please include any pertinent medical, academic, or social concerns below. Please be sure to include food and/or environmental allergies. All information is kept confidential.**

Academic:

Medical:

Other:

**NOTE:** Help is always appreciated. You can volunteer to be a Religious Education teacher, teacher assistant, or a substitute. Parents, siblings, and grandparents welcome!

\_\_\_\_\_ would like to volunteer to be a \_\_\_\_\_.  
Name Position

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

For more information please call the parish office 570-868-5855

**I give permission for my son/daughter to attend Religious Education Classes at Saint Jude Parish, Mountain Top, PA.**

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

**On behalf of myself and my family, I do hereby give Saint Mary, Our Lady Help of Christians and Saint Jude Parish, without consideration or compensation, permission to use photographs/video that may be taken during church activities for promotional, educational, or fundraising purposes, using various media sources.**

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

*To be completed by office.*

Payment received by: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Date: \_\_\_\_\_