

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 that may be taken during church activities for promotional, educational, or fundraising purposes.

Signature: _____ Date: _____

To be completed by office.

Payment received by: _____ Cash _____ Check _____ Date: _____