

# 2019-2020 GUARDIAN ANGELS FAITH FORMATION STUDENT INFORMATION FORM

*FAMILY LAST NAME:* \_\_\_\_\_

PLEASE LIST THE NAME OF EACH STUDENT ENROLLED IN FAITH FORMATION \_\_\_\_\_

## EMERGENCY/SPECIAL NEEDS INFORMATION: If we are unable to reach you, who should we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

**For the following, please list your children's name and any details:**

Allergies (including medications): \_\_\_\_\_

Any special learning needs (e.g., ADHD, learning accommodations) or special situations (e.g., divorce, new siblings) that will help us better serve your child(ren):

**CONSENT FOR MEDICAL CARE:** I give my permission that in my absence students listed above may receive emergency medical care for injuries and all situations that should occur while participating in programs at Guardian Angels Catholic Church.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **FAITH FORMATION MEDIA AUTHORIZATION:**

I, as the parent/guardian of students listed individually above, consent and authorize Guardian Angels Church and School to use photographs of my children in their brochures, pamphlets, advertising and other purposes in any way relating to Guardian Angels Faith Formation activities. I also consent that such photographs of my child will be property of Guardian Angels Church and they have the right to duplicate, to reproduce, and use such photographs in their brochures, pamphlets, and advertisements free and clear of any claim on my part.

Parent/Guardian Name (please print) \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*I Do Not Consent\*** Parent/Guardian Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**OUR PROGRAMS ONLY WORK WITH THE HELP OF PARENTS. PLEASE LET US KNOW WHICH AREA YOU WOULD LIKE TO KNOW MORE ABOUT:**

\_\_\_ Substitute Teacher \_\_\_ Classroom Assistant \_\_\_ Hall Monitor \_\_\_ Clerical Help \_\_\_ Youth Group \_\_\_ Special Events