

2020-2021 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): _____

The following information will be kept strictly confidential & will be shared ONLY with appropriate staff/catechist(s) on a need-to-know basis. Please list your child(ren)'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 child/ren 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'D LIKE TO KNOW MORE ABOUT:

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