

2022-2023 GUARDIAN ANGELS FAITH FORMATION STUDENT INFORMATION FORM

ADDITIONAL CONTACT INFORMATION:

NAME: _____ Relationship: _____

Phone Number: _____ Email Address: _____

NAME: _____ Relationship: _____

Phone Number: _____ Email Address: _____

EMERGENCY CONTACT INFORMATION: If we are unable to reach you, who should we contact?

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

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, indicating "none" if questions do not apply:

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: _____

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 ___ Pre-K Childcare ___ Hall Monitor ___ Youth Group ___ Special Events