

Please list your child's name with their allergies or medical concerns:

Name of Child

Allergies or Other Medical Concerns:

Health Authorization - Emergency

In case of serious injury and I/we cannot be contacted, I/we hereby authorize the Director of Faith Formation or their appointed representative to call an ambulance.

Signature: _____ Date: _____

PHOTO RELEASE PERMISSION: As a parent or guardian of this student(s), I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including the parish website and/or bulletin.) ___ Yes, I give consent. ___ No, I do not give consent.

Parent signature: _____ Student(s) names: _____

Parent Involvement: I understand and agree to the following:

- * Child(ren) Pre-k–12th grades will meet every scheduled week at St. Mary's from 6:15-7:45 p.m.
- * At least one parent is expected to attend the once a month Parent Night.

As parents, we are the primary educators of our child(ren) in the faith. "Under God, parents are the *first* in time, *first* in authority, *first* in responsibility, *first* in supernatural ability, and *first* in dignity to educate their children for eternal life." (Fr. John Hardon) I understand that I am the most important element in passing on the faith to my child(ren.) I understand that the Church will support me in my efforts. I will put the parent gatherings on the scheduled day each month on the top of my priorities because I understand that learning one's faith is a life-long endeavor. This also will set an example for my child(ren) to put God first in all things.

Parent Signature

Date

Parent Signature

Date