

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:

- *Parents and children will meet every scheduled week at St. Mary's Mora from 11am to 1pm after Sunday Mass.
- *Parents and children will commit to doing assigned activities at home as well.
- *First Communion & Confirmation students and parents agree to follow the schedules established for those programs as well.
- *Failing to attend may preclude reception of the sacraments for that year.
- *At least one parent is expected to attend the Pathways Program each scheduled time. However grandparents or other adults may also participate if parents aren't able to attend.

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 child(ren) 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 family educational gatherings on the scheduled day each month and 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.

I understand and accept all these statements. Signature and date: _____

From time to time you will need to work together with other families on assignments. Please let us know if we can share email/phone numbers with other registered families

_____ yes I consent to sharing contact info

_____ no I do not consent to sharing contact info

WE LOVE HAVING YOU AS

a part of
our Flock!



*Keep in touch with us via
email and text!*



TEXT

PILLAROFFFAMILIES

TO 84576



OR CONNECT WITH US ONLINE AT:

pillaroffamilies.flocknote.com

Text STOP to 84576 to stop txt notifications at any time. Text HELP for help. There is no charge for this service, but your carrier message and data rates may apply. View full privacy policy & terms at flocknote.com/txt.