



**Family Faith Sessions: Only Grades 1, 2, & 3 (choose 2). Space is limited**

\_\_\_ Living Rosary Saturday, Oct. 5<sup>th</sup> 5:30Mass

\_\_\_ Family ADVENTture, Sunday, Nov. 17<sup>th</sup> 11:30 Mass

\_\_\_ Lenten Family, Sunday, Feb. 23, 2020 11:30 Mass

\_\_\_ Way of the Cross, Saturday March 14, 2020 5:30pm Mass

**SPECIAL NEEDS** It is essential that we be made aware of:

Any educational or physical special needs \_\_\_\_\_

Any dietary/medication allergies \_\_\_\_\_

Any other concerns you may have: \_\_\_\_\_

*\*If there are any changes to the above information throughout the school year, please notify the Education Office.*

Emergency Contact: \_\_\_\_\_ Relationship to Student(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
(Who to call when classes are in session)

**MEDICAL RELEASE**

In the event of an emergency where medical treatment is required, I give my permission to St. Catherine of Siena staff or sponsor to obtain the services of a licensed physician. St. Catherine's will immediately attempt to contact a parent/guardian or emergency contact in case of such emergency. Also, in case of emergency, I give my permission for St. Catherine's or its agents to transport my child/children if that becomes necessary during the 2019-2020 school year.

Doctor's Name: \_\_\_\_\_ Phone No. \_\_\_\_\_ **Parent/Guardian Signature** **Date**

Health Insurance Company: \_\_\_\_\_ Policy Holder (Workplace): \_\_\_\_\_

Policy# or Group# \_\_\_\_\_

ID# \_\_\_\_\_ Cardholder name (Name of insured): \_\_\_\_\_

**By signing below I acknowledge that I have read the Religious Education Handbook and agree to abide by the policies and procedures described therein.**

\_\_\_\_\_  
**Parent/Guardian SIGNATURE** **Date**

\_\_\_\_\_  
**Please PRINT Your Name**

**PLEASE COMPLETE BOTH SIDES! =>**