

Diocese of Fall River

Parish/Location: _____

Child's Name: _____ DOB: _____

Grade: _____ Teacher: _____

Parent/Caretaker(s) Name(s): _____

Address: _____

Home Phone: _____ Code Word: _____

AUTHORIZED CARETAKER INFORMATION			
Name	Relationship	Phone #	Type (Cell, home, work)

Special Instructions/Notes: _____

I, the undersigned, agree that I am a custodial parent/caretaker of this child and am therefore authorized to make arrangements for transportation. I understand that should the authorized persons change, it is my responsibility to notify the parish.

 Parent/Caretaker Signature

 Date

Office for Child Protection
Catholic Social Services
Abuse Prevention Program "Opt-Out" Form

Date: _____

My Child's Full Name: _____

School/Parish: _____

City: _____

Grade/Class: _____

Please verify by initialing the following statements:

_____ The Safe Environment Program was offered to my child.

_____ It is my choice that my child not participate in the program.

_____ I have received the materials (Lures or Child Maltreatment Curriculum) from the parish and/or school for me to use to instruct my child on this topic.



Name of Parent or Guardian: _____

Signature: _____ Date: _____

Name of Director/Coordinator/Principal: _____

Signature: _____ Date: _____

Request for waiver of fees.

If you are experiencing financial difficulties and are unable to pay at this time, please fill out the form below and personally bring the form to Father Lacroix after whatever Mass you attend.

RETURN SIGNED FORM TO RELIGIOUS EDUCATION OFFICE.

Father Daniel Lacroix:

I/We would like to request a waiver of the Religious Education fee requirement
for my/our child(ren) _____ in grade(s) _____

Parent Signature _____

Priest Signature _____