

St. Mary' Catholic Church
302 East Spring Street, Az. 86401

CHILD'S NAME

First _____ Goes by _____ Middle _____ Last _____

Male _____ Female _____ DATE OF BIRTH _____ Age _____ Grade _____

CITY AND STATE OF BIRTH _____

MAIN ADDRESS

Street _____ City _____ State _____ Zip Code _____

Telephone _____ Cell _____

E-Mail Address _____

PARENT'S NAME

Father _____

Mother's first and maiden name _____

Guardian _____

CHILD'S SACRAMENT HISTORY

Baptism yes _____ No _____ Date of Baptism _____

Church name _____

Church Address _____

City _____ State _____ Zip Code _____

First Reconciliation Yes _____ No _____

First Eucharist Yes _____ No _____

Confirmation Yes _____ No _____

SPECIAL NEEDS : PLEASE DESCRIBE ANY PHYSICAL RESTRICTIONS VISUAL/HEARING DIFFICULTIES
HEALTH CONCERNS, LEARNING NEEDS OR OTHER INFORMATION THAT WILL HELP US BEST SERVER YOUR
CHILD

EMERGENCY CONTACTS

Contact 1 Name _____

Phone Number _____ Cell _____

Relation to Child _____

Contact 2 Name _____

Phone Number _____ Cell _____

Relation to Child _____

IS THERE ANYONE WHO IS NOT AUTHORIZED TO DROP-OFF OR PICK UP YOUR CHILD? NO _____ YES _____

IF YES, WHO _____

PHONE NUMBER _____

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

PARENTAL PERMISSION SLIP FOR MAKING SAFE CHOICES LESSON
PERMISO PATERNO PARA ASISTIR A LA CLASE DE TOMANDO DECISIONES SEGURAS

Yo have reviewed the lesson plans for
he revisado la materia que se presenta para la clase

Making Safe Choices. I agree that my son/daughter _____ may
Tomando Decisiones Seguras. Estoy de acuerdo que mi hijo/a _____ *puede*

participate in the class to be given on _____ at _____
participar en las clases que se van a presentar el _____ *en* _____

I have not reviewed the lesson plans for Making Safe Choices.
No he revisado el contenido que se presenta para la clase de Tomando Decisiones Seguras.

However, I will give my son/daughter _____
Sin embargo doy mi permiso para que mi hijo/a _____

permission to participate in the class to be given on _____ at _____
Asista a la clase el _____ *en* _____

I have been informed of the presentation – Making Safe Choices – and I do not wish my
He sido informado de la presentación de Tomando Decisiones Seguras y no quiero que

child _____ to participate at this time.
mi hijo/a _____ *participe ahora.*

Parent's/Guardian's Signature *Firma de los padres o guardianes legales*

Address *Dirección*

Telephone Number *Número de teléfono*

Date *Fecha*

Parish *Parroquia* _____ City *Ciudad* _____