

### Information: Catechism Classes

Child's Lastname: \_\_\_\_\_ Child's First name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 School: \_\_\_\_\_ School Grade: \_\_\_\_\_  
 Mother's Last name: \_\_\_\_\_ Mother's First name: \_\_\_\_\_  
 Tel. House. \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Father's Lastname: \_\_\_\_\_ Father First name: \_\_\_\_\_  
 Tel house. \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Tel house. \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_  
 Chronic conditions (diabetes, epilepsy): \_\_\_\_\_

| Sacraments Received              | Yes | No | Date:  | Place / Parish: | First / second year of preparation? |
|----------------------------------|-----|----|--------|-----------------|-------------------------------------|
| Christening                      |     |    |        |                 |                                     |
| First Reconciliation             |     |    |        |                 |                                     |
| First Communion                  |     |    |        |                 |                                     |
| Confirmation                     |     |    |        |                 |                                     |
| Are you a member of this Church? |     |    | Since: |                 | -----                               |

### Permission for Divine Saviour:

I, Father, Mother or Guardian of \_\_\_\_\_, give permission for my son / daughter to participate in the activity described.

I name the representative of the parish, which is acting as the leader of the activity, as my attorney to act on my behalf in any way that I would act being present in respect of any injury, illness or medical emergency occurred during the activity or trip:

- I give any consent or authorization for any doctor, dentist, hospital, institution or person to act as needed be in any cause or emergency that comes to my son / daughter.
- I understand that I give the representative this power to treat my child and expect a reasonable timeframe for contact in cause of any emergency that comes to my son / daughter.

This power of attorney automatically ends on the conclusion of this activity.

I allow the parish to use the portrait or photograph of my son / daughter for promotional purposes, website and other printed materials.

I have read this written statement and my signature acknowledges that I fully understand the content and its significance.

**Signature of Father, Mother or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_