

VOLUNTEERING

Everyone has a talent to share. All parents are encouraged to participate in the Religious Education Program. St. Catherine of Siena Parish could not offer this Program without the dedicated help of our volunteers. Please prayerfully consider how you might donate your time during this year in one or more of the following ways. **Please circle**

Catechist/Co-catechist Substitute Classroom Assistant Babysitting Family Fun Nights Christmas Pageant Class Masses
VBS Summer Registration/Office Help (can be a student) (Confirmation Candidates welcome/Christian service)

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 2016-2017 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! =>