

St. Catherine of Siena
Office of Religious Education
Release Information Form

In the event that our child, _____, (Grade _____) cannot be picked up by us, his/her parents/guardians, please be advised that the following list contains the names and phone numbers of people to whom our child can be released. (Please print.)

1. _____

2. _____

3. _____

4. _____

Parent/Guardian name (Please print): _____

Parent/Guardian signature: _____

Home phone: _____

Cell phone: _____