

**BLESSED SACRAMENT ROMAN CATHOLIC PARISH
FAITH FORMATION & EDUCATION OFFICE**

STUDENT INFORMATION
One per Student

Child's Name:

First

Last

Grade

Class Selection (*circle*): Monday at 4:30

Monday at 6:30

Tuesday at 4:30

Known Allergies:

Special Needs:

OTHER SIBLINGS IN THE PROGRAM

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

EMERGENCY CONTACT DURING CLASS TIME

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

TRANSPORTATION

The following people, besides my spouse and me, are permitted to pick up our child, please include babysitters:

Is there anyone who **IS NOT** allowed to pick up your child? No Yes (please list below)

PARENT & STUDENT GUIDELINES AGREEMENT

We have read and understand the Student/Parent Guidelines of Blessed Sacrament's Faith Formation & Education Office and we intend to comply with them.

Parent/Guardian Signature

Student Signature