

FAMILY NAME:

St. Catherine of Siena
Religious Education Program

Emergency Contact and Dismissal Form

A new Emergency contact form MUST be submitted each year, one per family

Parent(s) Name _____ Home No: _____

In the event of a last minute cancellation or medical emergency, please tell us which two phone numbers we should use to contact you:

1. Name _____ phone # _____

2. Name _____ phone # _____

Children Names and Grades:

_____	_____
_____	_____
_____	_____
_____	_____

Emergency Contacts: (Please provide 2 contacts besides yourself who will be available during the Religious Education Session time.)

Name

Telephone Number

Name

Telephone Number

The above children may be released to the following people at dismissal:

Parent/Guardian Signature: _____ Date: _____