

Dear Parents/Guardians,

Please indicate below who will normally be picking up your child from the Religious Education Program and include a telephone number for that person.

Please also include names and numbers of other people who have permission to pick up your child.

CHILD'S NAME _____ Grade _____

NAME OF PERSON WHO WILL MOST OFTEN BE PICKING UP YOUR CHILD:

NAME: _____ PHONE: _____

OTHER PEOPLE WHO HAVE PERMISSION TO PICK UP YOUR CHILD:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

If there is anyone specific with whom your child cannot be released to please disclose that information, with a description or picture included. In cases of custody dispute, a copy of the court order is requested.

Please note: your child will not be released to persons other than those mentioned on this list unless an updated list is provided with a signature. Persons picking up your child may be asked to have proof of ID with them if the teacher does not recognize them.

PARENT SIGNATURE _____ DATE _____

-OR-

My child has permission to walk/ride a bicycle to and from Summer Religion Program. I agree not to hold St. Clements, any of the participating parishes or staff members liable in case of accident or injury while traveling to or from Summer Religion Program.

PARENT SIGNATURE _____ DATE _____