

Please inform us of any medical, emotional, or learning problems that may bear on the student's performance or behavior. (Ex. Epilepsy, allergies, diabetes, reading problem, A.D.D. etc.) Please let us know of any food allergies.

Your signature is asked, so the above information may be given to your child's catechist.

_____	_____
Parent/Guardian signature	Date
_____	_____
Parent/Guardian signature	Date

Please check if you would be willing to help in any of the listed areas:

- _____ Substitute Teacher
- _____ Office Aide
- _____ Classroom Aide

ATTENTION

If new to our program you must submit a copy of Your Child(ren)'s Baptismal Certificate. A letter from your previous parish stating grades attended by your Child(ren) in their program is also required.

Office Use Only: Date_____ Amount_____ Cash_____ Check#_____ Verified by_____