Notre Dame Catholic Church Religious Education / Youth Ministry 2025 – 2026 <u>Family Information</u>

Family Name:		Registered Member of Parish: Yes No			
Street Address:					
City:		State:	Zip:		
Home Phone:			:		
Email Address:					
Mother's Name:		Father's Name:			
Custody Concerns:					
My Child (has) (does not have	e) access to a o	computer & inter	net for online religiou	as education s	tudies.
]	Parent Volun	teer Opportunit	<u>ties</u>		
Occupation:					
Hobbies / Interests:					
Catechist (Teacher) Aide (Ass	ist in classroom	m) Substitu	te in classroom (lesso	n plan provide	ed)
Assist with family nights Serv			Assist with sacramer	ital preparatio	n
	Student	<u>Information</u>			
Child Name	Grade	DOB	Sacraments Rece	eived – Yes or Confirmation N	
	Medical	Information			
Health Information: Special Conditions,					
Health Care Carrier:		Name of Policy	Holder:		
In the event of an emergency, I here	eby give Susa	an Collins and	or other adult teac		
permission to obtain medical treatment					
my child to the hospital for emergency by the hospital or doctor. In the event of					
_					
Emergency Contact:					
Phone Number <u>not</u> listed above:					
Parent Sig					
		<u>tion Informatio</u>			
Photographs / videos may be taken of m parish activities, however full names wi	•			participating i	in
Parent Sig	gnature:				
The parish uses Email, Facebook and m Please check the one(s) you are using: _ Communication may also be made with	yParish App t Email	o get information Notre Dame	n out the fastest way p Facebook Page	oossible to the _ myParish A	group.
Email Address:					