

**Authorization Form and Program Agreement
(one per family)**

Check # _____
Date rec'd _____

PART 1: AUTHORIZATION FOR DISMISSAL

I, _____,
parent of _____

authorize Annunciation-Our Lady of Fatima Religious Education Program to dismiss my child/children only to one of the following adults (other than myself) this academic year (Sept 2017-June 2018):

- 1. _____
- 2. _____
- 3. _____
- 4. _____

I understand that any other adult not listed above will not be allowed to pick up my child unless I notify the Religious Education Office.

I DO NOT authorize the dismissal of my child from the Annunciation-Our Lady of Fatima Religious Education Program to the following adults:

PART 2: PROGRAM AGREEMENT

My signature affirms that:

- 1) I have read the Parent Handbook (available on www.annunciation-fatima.com/religious-education)
- 2) I am giving permission to take pictures or videos of religious education classes and use my child's picture (not name) on program materials or website.
- 3) I understand the fees associated with the Religious Ed program:
 - 1) **Annual registration fee** (collected by the Religious Education Office) of \$225/one child, \$300/two children or \$365/3 or more children. **Your registration fee should accompany this completed form.**
 - 2) **Annual contribution to the parish** of \$300/family (collected through the Sunday collection envelopes, the Parish Pay application or directly to the rectory). For the 2017-18 school year this annual contribution is collected from September 1, 2017 through August 31, 2018.

Parent/Guardian Signature: _____ **Date:** _____

Please complete the student safety form on the next page.

Student Safety Form

Please fill this form out for EACH child in your family

Student Safety Record for _____

(Child's Name)

In Case of Emergency: Persons to Contact If Primary Contact Cannot Be Reached:

(Give contact information specific to time of Religious Education Session.)

Name: _____ Relationship: _____

Cell Phone _____ Home Phone _____

Work Phone _____ Email _____

Address: _____

Doctor for Emergency: _____ Work Phone _____

Special Medical Conditions INCLUDING ALLERGIES:

Procedures to be followed if this condition becomes an emergency:

I understand that in case of an emergency, "911" will be called and an ambulance will be called by the Director of Religious Education or his/her designate.

In case of accident or illness, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

Parent/Guardian Signature: _____ Date: _____