



Holy Cross

210 High Street Santa Cruz, CA 95060

EMERGENCY FORM FAITH FORMATION

Child Full Name

Any special medical issue

Last Name

First Name

The above child has my permission to attend any catechetical activity conducted by the office of the Faith Formation at Holy Cross Church or in connection with his/her catechism classes.

I will be responsible to walk my child to the class room and pick him/her up from the class room after the class.

I will participate actively in my child's faith formation by celebrating mass with him/her and participating in parent's faith formation sessions.

This permission extends from September 2018 to June 2019.

Signature of Parent/Guardian _____ Date _____

In case of an emergency if we are not able to contact you, please give us alternate names and phone numbers. The following people will also be allowed to pick up your child/children, after the class.

Name: _____ Phone No: _____

Name: _____ Phone No: _____

Name: _____ Phone No: _____

Signature of Parent/Guardian _____ Date _____