

**ST. MAXIMILIAN KOLBE PARISH
OFFICE OF RELIGIOUS EDUCATION**

Parental Permission Form

Parents, please complete this form indicating who will be responsible for picking your child/ren up each week after class. Please complete a box for each of your children. Thanks.

Child's Name: _____ Level: _____ Room #: _____

Person/s responsible for picking my child up at dismissal: Name: _____ Phone #: _____ Name: _____ Phone #: _____ If there is a change in this, please notify your child's catechist. Thank you! Child's Name: _____ Level: _____ Room #: _____
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Person/s responsible for picking my child up at dismissal: Name: _____ Phone #: _____ Name: _____ Phone #: _____ If there is a change in this, please notify your child's catechist. Thank you! Child's Name: _____ Level: _____ Room #: _____
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Person/s responsible for picking my child up at dismissal: Name: _____ Phone #: _____ Name: _____ Phone #: _____ If there is a change in this, please notify your child's catechist. Thank you! Child's Name: _____ Level: _____ Room #: _____
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Concerning photographs ...

I GIVE MY CHILD/REN PERMISSION TO BE PHOTOGRAPHED IN CLASS. PHOTOS MAY BE VIEWED ON FACEBOOK OR THE PARISH WEBSITE.

I PREFER MY CHILD/REN NOT BE PHOTOGRAPHED IN CLASS.

Parent Signature: _____