



Completed by Parish/School – Please Print

(As a convenience to parent(s) or guardian(s), additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

RECURRING ACTIVITY

School: St. Michael Parish School Program or Group: _____

Starting Date: ___ / ___ / ___ Ending Date: ___ / ___ / ___ Fee: \$_____

Usual Location: _____ Usual Day and Time: _____

Routine Activities: _____

Group Leader: _____ Phone #: (_____) _____ - _____

Other Information: _____

____ Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).)

Completed by Custodial Parent/Legal Guardian – Please Print

PARENT CONSENT

_____/_____/_____
 Signature of Custodial Parent/Legal Guardian Date

Print Name: _____ Phone #: (_____) _____ - _____

Place of Employment: _____ Phone #: (_____) _____ - _____

Home Address: _____

Emergency Contact: _____ Phone #: (_____) _____ - _____

I would like to chaperone this trip. *(You will be notified about chaperoning.)*

I agree do not agree that Parish and School and/or the Archdiocese may use my Child's portrait or photograph for promotional purposes, website, and office functions.

I agree do not agree that Parish and School and/or the Archdiocese may use social media and technology to communicate with my Child regarding parish/school related ministry activities.