

**St. Catherine of Siena Catholic Church
2016/17 CCE Class Visitation Permission Form**

Date: _____

I _____ request that my child
(Print Parents/Guardians Name)
_____ be permitted to visit

(Print Student's Name
the CCE class as described below:

Date of Class: _____

Grade Level: _____

CCE Teacher: _____

Emergency Contact Number: _____

By signing below, I release and save harmless St. Catherine of Siena Church and any and all of its employees and volunteers from any and all liability for any and all harm arising to my/our son/daughter as a result of this activity and waive any claims against them.

Signature – Parent/Guardian

Date Signed