



ST. CATHERINE OF SIENA
CATHOLIC CHURCH

2017-18 CCE CLASS VISITATION PERMISSION FORM

Date: _____

I _____ request that my child _____
(PRINT PARENT/GUARDIAN NAME) (PRINT STUDENT'S NAME)

be permitted to visit 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