



ST. CATHERINE OF SIENA
CATHOLIC CHURCH

2018-19 CCE CLASS VISITATION PERMISSION FORM

*PLEASE COMPLETE AND SUBMIT TO THE TEACHER OR RELIGIOUS EDUCATION COORDINATOR
BEFORE VISITING THE CLASS*

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 _____

CCE TEACHER _____

EMERGENCY CONTACT NAME & RELATION _____

EMERGENCY CONTACT PHONE NUMBER _____

ANY SPECIAL CIRCUMSTANCES? (ALLERGIES, NEEDS, ACCOMMODATIONS, ETC.)

By signing below, I release and save harmless St. Catherine of Siena Catholic 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