

EMERGENCY CONTACT INFORMATION

Name	Relationship
Phone Number	Cell Number

Pre-School Age Childcare

Child's Name	Special Needs (Food Allergies, IEP, Reading Difficulties, etc.)
Shirt Size	To be Supplied by Parents

FAMILY STATUS: Please Circle One: **Two-Parent Family** **Single-Parent Family** **Blended Family**

CUSTODIAL ORDER: COPY OF ORDER TO BE ATTACHED _____ DATE OF ORDER

Please indicate any special needs or learning differences your child has: _____

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) **Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the office in writing.** Please note that the Division has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

Date _____ **Parent or Guardian Signature** _____

PRINT, SIGN AND DELIVER TO THE FAITH FORMATION OFFICES