



**EMERGENCY CONTACT INFORMATION**

<b>Name</b>	<b>Relationship</b>
<b>Phone Number</b>	<b>Cell Number</b>

**Pre-School Age Childcare**

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

**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**