



RECTORY: (856) 547-0564 • **Office Fax:** (856) 547-7311 • **Religious Ed (Ext. 203)**

Permission for Participation in St. Rose Parish Summer Literacy Program

Child's Name _____ Entering Grade _____

Child's Name _____ Entering Grade _____

Child's Name _____ Entering Grade _____

Parent Name(s) _____

Address: _____

Phone: Home _____ Cell _____ Email _____

In case of an emergency, and you are unavailable at the information listed above, please list additional information of whom we can contact:

Name _____

Phone Number _____

Relationship to child _____

My child has permission to participate in St. Rose Parish Summer Literacy Program. I hereby grant permission to the adult facilitators/group leaders to make any necessary decisions that may occur in the event of an emergency.

Parent Signature _____

*Does your child have any known allergies or special medical conditions/needs?
If so list below: _____

COMMENTS/CONCERNS/NOTES _____

My child can go home with _____.