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**One form per youth, please.** Class begins at 9:20am and ends at 10am.

Youth's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

**\*\*List authorized persons fully. ONLY this person/these persons may interact with your youth at the classroom door, or provide a ride after class, should your youth not yet be driving. Please inform your youth as to whom this person is/these persons are. If there is any variance is noted, you will be called at the number listed below.\*\***

Cell number to contact if needed during class: \_\_\_\_\_

Siblings (if applicable): \_\_\_\_\_

Does the Youth have any special needs OR do you have concerns to share?    Yes    No

If yes, please describe: \_\_\_\_\_

Does the Youth have any allergies?    Yes    No

If yes, please describe: \_\_\_\_\_

Does the Youth have any health concerns about which you wish us to know?    Yes    No

If yes, please describe: \_\_\_\_\_

**\*\*Note: Parent/guardian will be called if a youth experiences fever, vomiting or diarrhea, or other flulike symptoms. St. Christopher does not administer prescribed or over the counter medication during Sunday childcare or Christian Education.\*\***

Are there any food items your youth may not eat?    Yes    No

If yes, please list: \_\_\_\_\_

**Safety:** Please note that all parish educators and childcare providers have been background checked and specially certified in preventing, recognizing, and reporting abuse.