

PARENT / LEGAL GUARDIAN COMMITMENT:

At baptism, parents promise God to raise their children in the faith. It is expected that children come every year to learn how to become disciples of Jesus. Within that time, a minimum of two years of preparation is necessary to receive the Sacraments,

En el bautismo, los padres prometen a Dios criar a sus hijos en la fe. Se espera que los niños vengan cada año para aprender a ser discípulos de Jesús. Dentro de ese tiempo, un mínimo de dos años de preparación es necesario para recibir los sacramentos.

I (we) commit to / yo me comprometo a:

- Pray daily with my child / rezar diariamente con mi hijo(a).
- Have my child attend class weekly / que mi hijo(a) asista a clase semanalmente.
- Participate in Mass weekly with child / participar en la Santa Misa semanalmente.
- Go over the lessons with my child / repasar las lecciones con mi hijo(a).
- Fulfill all requirements for my child to receive the sacraments / cumplir con los requisitos de los sacramentos.
- Provide all the necessary documents / proveer los documentos necesarios.

Please answer with YES or NO / Por favor contestar con SI o NO:

_____ Do you give permission for your child to attend the "Teaching Boundary Safety" Lessons (please see booklet).
¿ Usted le da permiso a su hijo(a) recibir las lecciones de TBS?

_____ Do you authorize pictures to be taken of your child solely when in groups, such as during class or retreats or other catechetical activities done as a group? ¿ Autoriza que le tomen fotos de su hijo(a) únicamente cuando está en grupos, como durante la clase o retiros u otras actividades de la catequesis realizadas en grupo?

Please pay in cash or make checks payable to St. Ambrose Catholic Church.

By signing below, I (We) certify that all information provided on this Registration and Payment form is true and correct. I (We) are the parents or authorized guardians of the child named above. I am (we/are) competent to execute this agreement.

Por favor haga los cheques a nombre de St. Ambrose Catholic Church. A través de mi firma, yo (nosotros) certificamos que toda la información en esta forma de inscripción y pago es verdadera y correcta. Yo (nosotros) somos los padres o guardianes legales del niño mencionado arriba. Nosotros somos competentes para ejecutar este acuerdo.

Father's Name (printed):

Father's Signature:

Date:

Mother's Name (printed):

Mother's Signature:

Date:

CONTINUED ON BACK

St. Ambrose Religious Education EMERGENCY CONTACT FORM

PLEASE PRINT ALL INFORMATION

Student's Last Name:

Family Last Name if different:

Student's First Names:

1. _____

2. _____

3. _____

4. _____

E-mail Address:

Home Phone:

Mother's Name:

Cell Phone Number:

Father's Name:

Cell Phone Number:

IN CASE OF EMERGENCY PLEASE CONTACT: _____

Phone: _____ Relationship: _____

PERSONS OTHER THAN PARENTS PERMITTED TO PICK UP STUDENTS:

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

PERSONS NOT PERMITTED TO PICK UP STUDENTS:

Names: _____

Special health concerns, allergies, etc. ***Please indicate symptoms and what should be done:***

Student's Name _____ Health concern / action to take: _____

Student's Name _____ Health concern / action to take: _____