

**St. Anna's Catholic Church  
School of Religion Office  
1401 Alcovy Street  
Monroe, GA 30655**

Dear Parents and/or Guardians,

We are excited to kick off another year of School of Religion at St. Anna's. Classes will begin on Sunday, September 8<sup>th</sup>. Classes will once again be held on Sundays between masses from 10:30 to 11:45. This enables families to attend either mass together. Each Sunday will begin with an opening assembly for parents and students in the parish hall and students will then be dismissed with their teacher to their classes.

School of Religion classes will be available for students in Pre K to 8<sup>th</sup> grade. A high school bible study will be available for students who are interested during this time. Confirmation classes will now take place at Youth Group on Wednesday nights from 6:30 to 8:30. We will also offer a nursery for ages 1-3 so that parents may attend our Adult Faith Formation class.

To register your child for SOR, please complete all the included documents in this registration packet and return to the office by **Wednesday, September 4<sup>th</sup>**:

- Registration form
- Medical Release form (front and back)
- Virtus Permission (opt out form)
- Media Release form
- Permission to contact youth form

The books and materials fee for 2024-2025 are \$40 for one child, \$75 for two children, and \$85 for three or more children. This fee is due with registration and can be paid online, cash or check. If you are experiencing any financial hardship and have difficulty with these costs, please do not hesitate to reach out! We do not want any child to miss the opportunity for spiritual formation.

We will hold a Parent Meeting on **Sunday, September 15<sup>th</sup>** at 10:30 during SOR. Your attendance is strongly encouraged and we will holding a raffle for a gift card for a date night in Monroe. Please make plans to attend to find out all necessary information for this upcoming year.

Please reach out to me if you have any questions or concerns. My office hours are Wednesdays 12:30pm to 4:30pm and Sundays 8am-1pm. If you need to meet with me outside of these hours, please call or email me to set up an appointment.

In Christ,

Miranda Marlowe

SOR Coordinator

770-267-7637

[mmarlowe@st-annas.com](mailto:mmarlowe@st-annas.com)

**2024-2025 School of Religion (SOR) St. Annas Registration Form**

**Registration Deadline: Wednesday, September 4<sup>th</sup>**

*Material Fee: 1 Child \$40, 2 Children \$75, Family \$85. Payable in cash, check or online.*

Family Last Name: \_\_\_\_\_ Primary Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Marital Status of Parents: (Circle) Married Separated Divorced

Student(s) lives with: (Circle) Both Parents Mother Father Other: \_\_\_\_\_

If parents are separated or divorced, are there any custody issues teachers should be aware of? (Circle) YES/NO

If YES, please explain: \_\_\_\_\_

Father's address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

We are a registered member at St. Anna's: (circle) YES / NO

**If you would like to volunteer with the School of Religion either as a Catechist, Catechist Aide or substitute, please reach out to Miranda Marlowe at [mmarlowe@st-annas.com](mailto:mmarlowe@st-annas.com).**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Current Grade \_\_\_\_\_ School Attending \_\_\_\_\_

Baptism Date \_\_\_\_\_ Parish of Baptism \_\_\_\_\_ City/State \_\_\_\_\_

Date of First Eucharist \_\_\_\_\_ Parish of Eucharist \_\_\_\_\_ City/State \_\_\_\_\_

Confirmed \_\_\_\_\_

Special Needs: \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Current Grade \_\_\_\_\_ School Attending \_\_\_\_\_

Baptism Date \_\_\_\_\_ Parish of Baptism \_\_\_\_\_ City/State \_\_\_\_\_

Date of First Eucharist \_\_\_\_\_ Parish of Eucharist \_\_\_\_\_ City/State \_\_\_\_\_

Confirmed \_\_\_\_\_

Special Needs: \_\_\_\_\_

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Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Gender \_\_\_\_\_ Current Grade \_\_\_\_\_ School Attending \_\_\_\_\_  
Baptism Date \_\_\_\_\_ Parish of Baptism \_\_\_\_\_ City/State \_\_\_\_\_  
Date of First Eucharist \_\_\_\_\_ Parish of Eucharist \_\_\_\_\_ City/State \_\_\_\_\_  
Confirmed \_\_\_\_\_  
Special Needs: \_\_\_\_\_

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Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Gender \_\_\_\_\_ Current Grade \_\_\_\_\_ School Attending \_\_\_\_\_  
Baptism Date \_\_\_\_\_ Parish of Baptism \_\_\_\_\_ City/State \_\_\_\_\_  
Date of First Eucharist \_\_\_\_\_ Parish of Eucharist \_\_\_\_\_ City/State \_\_\_\_\_  
Confirmed \_\_\_\_\_  
Special Needs: \_\_\_\_\_

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By registering my children for School of Religion at St. Anna's Catholic Church, I understand:

1. Mass attendance is a right and duty of all the Baptized, including children. All registered children are required to attend Sunday Mass.
2. I must pay the registration fee or request help with payment from the SOR Coordinator. Registration fees provide the materials and books for catechesis.
3. It is strongly encouraged that at least one parent of each family will attend the opening assembly in parish hall with their children and will not allow their children to enter the School of Religion hallway until after the assembly. Parents will pick up their children in grades 4<sup>th</sup> or below from their classroom after SOR.
4. It is strongly encouraged that at least one parent of each family will attend the Parent Meeting on September 15, 2024 during SOR.
5. We are offering a nursery this year so any children who are in diapers or pull-ups will be brought to their parents when they need to be changed.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

St. Anna's School of Religion

2024-2025 Calendar

Sundays: 10:30 - 11:45

School of Religion will begin with an opening assembly in the parish hall at 10:30 and students will be dismissed to their classrooms from there.

September 8:	First Day of Class
September 15:	Class
September 22:	Class
September 29:	Class
October 6:	Class (K-3 Virtus)
October 13:	NO CLASS FALL BREAK
October 20:	Class (4-8 Virtus)
October 27:	Class
November 3:	Class
November 10:	Class
November 17:	Class
November 24:	NO CLASS (Thanksgiving Break)
December 1:	NO CLASS (Thanksgiving Break)
December 8:	Class
December 15:	Class
December 22:	NO CLASS (Advent Break)
December 29:	NO CLASS (Christmas Break)
January 5:	NO CLASS (Christmas Break)
January 12:	Class
January 19:	Class

January 26:	Class
February 2:	Class
February 9:	Class
February 16:	NO CLASS (Winter Break)
February 23:	Class
March 2:	Class
March 8:	Reconciliation Retreat
March 9:	Class
March 16:	Class
March 23:	Class
March 30:	Class
April 6:	NO CLASS (Spring Break)
April 13:	Class—Palm Sunday
April 20:	NO CLASS (Easter Sunday)
April 27:	Class
May 4:	Last Class
May 17:	First Holy Communion Retreat
May 18:	First Holy Communion

Catholic Archdiocese of Atlanta  
**ST. ANNA'S CATHOLIC CHURCH**

**PARENTAL CONSENT AND EMERGENCY MEDICAL RELEASE FORM**

I/We, the parent(s)/guardian(s) of \_\_\_\_\_ do hereby give my/our permission and approval for my/our son/daughter/guardianship to participate in the St. Anna's Field Trips. I/ We do hereby, for myself, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who chaperone this event, other participants, St. Anna's Catholic Church, the Catholic Archdiocese of Atlanta, and any of the above named parties' representatives, successors, supervisors, sponsors, and/or organizers, for any injuries in connection with the outing / event(s) named above provided that said injuries are not the result of negligence. I/ We hereby grant permission for publication of group (two or more persons) photos taken at youth events.

I/We also give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events named above. I/We understand that in any such instance, all attempts will be made to contact the parent/guardian. In the event that I/we cannot be contacted, I/we hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

I also agree that I am legally responsible for all/any personal actions taken by my child/guardianship during this event, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of the actions/behavior of my child/guardianship.

Furthermore, I/we agree that if the above named student's behavior is inappropriate, unsafe and/or detrimental to the group, I will be contacted immediately to secure means of removing my child/guardianship from the event premises. I understand that any financial costs incurred as a result of my child/guardianship being sent home are my responsibility.

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_

Please list any special considerations we need to be aware of (ie: allergies, medical conditions, limitations, etc.)

\_\_\_\_\_

Medications: My child is taking the following medication(s):

Description: \_\_\_\_\_ Dosage: \_\_\_\_\_

Description; \_\_\_\_\_ Dosage: \_\_\_\_\_

**EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS.  
PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM.**

\_\_\_\_\_ By parent or guardian initialing here, permission is granted for non-prescription medications to be given, if deemed appropriate by adult chaperone(s).

**Requested information on both sides of this form MUST be filled in completely in order  
for the student to participate in this event.**

**PARENTAL CONSENT AND EMERGENCY MEDICAL RELEASE FORM – Page 2**

Father/Guardian's full name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home address: \_\_\_\_\_

Place of business/address: \_\_\_\_\_

Mother/Guardian's full name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home address: \_\_\_\_\_

Place of business/address: \_\_\_\_\_

Relative or friend to contact if unable to reach parent/guardian in the event of emergency:

Name & Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Insurance is provided by which parent and/or place of employment? \_\_\_\_\_

Address and Phone of Company: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*Please photocopy insurance card that is to be used and attach it to this form\*\***

Printed Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parish: \_\_\_\_\_ Name of Youth Minister: \_\_\_\_\_

**In signing this form, I certify that all information contained herein is true and accurate to the best of my knowledge.**

\*\*\*\*\*

**Basic rules / expectations include, but are not limited to, the following:** Respect for all adult leaders, peers, and all property; NO illegal drugs, alcohol, underage smoking, firearms, explosives, or other illegal substances; Males and females are to remain in separate sleeping spaces at all times; No inappropriate physical / sexual activity; Appropriate attire is to be worn at all times. Other guidelines may be set forth accordingly by adult chaperones present for the event(s).

**By signing below, I have read and understand the Basic Rules and Expectations** above and agree to abide by any/all policies and rules established for all of St. Anna's events and activities. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and could be sent home at my parent's expense.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Annual Media Release Form

**Complete One Form per Child**

Child's Name: \_\_\_\_\_

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

School Year  
(where applicable): \_\_\_\_\_

Our parish and/or school, \_\_\_\_\_, uses images, interviews, and videos of our children for a variety of internal and external communications. Our forms of internal and external communications include but are not limited to: print, such as newspapers, bulletins, and newsletters; photographs and digital images; film and videos; web posts, web pages, and image carousels; social networking platforms including but not limited to Facebook, Twitter, and Instagram.

We follow the Archdiocese of Atlanta's [Social Media Policy and Guidelines for the Use of Social Networking Sites with Minors](#). Please see this resource for more information.

**Please indicate below whether our parish and/or school has permission to circulate interviews, images, and/or videos of your child for all parish and/or school events for one year:**

I hereby grant permission for the following parish and/or school, \_\_\_\_\_, to use images and interviews of my child, \_\_\_\_\_, for internal or external communications for **one year**. My child may be photographed and/or interviewed for *The Georgia Bulletin*, and other media outlets. I understand content may be reprinted in *The Georgia Bulletin* or other media for public dissemination, including but not limited to film; video; television; radio; newspapers such as *The Atlanta Journal and Constitution*; websites and online platforms; and social media networks including but not limited to Facebook, Twitter, and Instagram. I release and relieve the parish and/or school, and the Archdiocese of Atlanta, from any responsibility or liability for any claims arising from the publication or reproduction of any photographs or interview in any news or other media. I waive any and all right to inspect or approve the finished images, video, or printed matter that may be used in conjunction with any image or video, or to approve the eventual use for which it may be applied.

I understand that photographs, videos, and/or interviews are being done with the knowledge and approval of the parish and/or school, and that a signed release form is required for every participating individual.

NO, I do not want my child included in, nor my child's image used, in any internal or external communications. *This does not include Catholic School yearbooks or newspapers.*

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name of Parent or Legal Guardian*

***Please contact your Parish Catechetical Leader or School Administration immediately to adjust your media release permissions.***

**FOR OFFICE USE ONLY: Supplant this release annually. Keep the most recent release until the child is 20.**



THE ROMAN CATHOLIC  
ARCHDIOCESE OF ATLANTA



## Permission to Contact Youth

Complete One Form per Child

Child's Name: \_\_\_\_\_

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

Our parish and/or school, \_\_\_\_\_, follows the Archdiocese of Atlanta's [Social Media Policy and Guidelines for the Use of Social Networking Sites with Minors](#) for contacting youth via social media. We may also use text messages, email, and parish/school-approved online/virtual platforms to contact youth. Per this policy and guidelines, parents must be made aware of how social media and electronic communications are being used. *Parents must be told how to access the sites, and be given the opportunity to be copied on all material sent to their children.*

After receiving written permission to communicate with young people, Archdiocesan employees should be encouraged to save copies of conversations whenever possible, especially those that concern the personal sharing of a teen or young adult. Please reference the policy and guidelines for more information.

**Please indicate below whether our parish has permission to contact your child:**

I hereby grant permission for the following parish and/or school, \_\_\_\_\_, to contact my child, \_\_\_\_\_, for internal or external communications for **one year** via social media, email, text, and/or parish/school-approved online/virtual platforms. I understand I can request the same communications provided to my child, and that it does not have to be via the same technology (for example, if children receive a reminder via Twitter, parents can receive it in a printed form or by an email list).

NO, I do not want my child contacted or communicated with in any way.

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name of Parent or Legal Guardian*

***Please contact your Parish Catechetical Leader/School Administration immediately to change these permissions.***

**FOR OFFICE USE ONLY: This form is to be kept for current year. Supplant annually until the child is 18.**



## Formulario anual de liberación de responsabilidad de medios

Complete un formulario por niño

Nombre del niño: \_\_\_\_\_

Fecha de nacimiento: \_\_\_\_\_

Año escolar  
(si aplica): \_\_\_\_\_

Nuestra parroquia y/o escuela, \_\_\_\_\_, utiliza imágenes, entrevistas y vídeos de nuestros niños en una variedad de comunicaciones internas y externas. Nuestras formas de comunicación internas y externas incluyen pero no están limitadas a: materiales impresos, tales como periódicos, boletines y panfletos informativos; fotografías e imágenes digitales; películas y videos; mensajes de Internet, páginas de Internet y carruseles de imágenes; plataformas de redes sociales incluyendo pero no limitadas a Facebook, Twitter e Instagram.

Nosotros seguimos las [políticas de redes sociales y directrices para el uso de sitios de Internet donde se interactúa socialmente con menores](#) establecidas por la Arquidiócesis de Atlanta. Por favor vea estos recursos para más información.

**Por favor indique a continuación si nuestra parroquia y/o escuela tiene permiso para compartir entrevistas, imágenes y/o videos de su hijo en todas las actividades escolares y/o parroquiales durante un año.**

Yo doy permiso para que la siguiente parroquia y/o escuela, \_\_\_\_\_, utilice imágenes y entrevistas de mi hijo, \_\_\_\_\_, en comunicaciones internas o externas por **un año**. Mi hijo puede ser fotografiado y/o entrevistado por *The Georgia Bulletin* y otros medios de comunicación. Entiendo que el contenido puede ser reimpresso en *The Georgia Bulletin* o en otros medios para difusión pública, incluyendo pero no limitados a películas; videos; televisión; radio; periódicos como *The Atlanta Journal-Constitution*; sitios y plataformas de Internet; y las redes sociales, incluyendo pero no limitadas a Facebook, Twitter e Instagram. Libero y absuelvo a la parroquia y/o escuela, y a la Arquidiócesis de Atlanta, de cualquier responsabilidad o culpa que surja de cualquier reclamo derivado de la publicación o reproducción de cualquier fotografía o entrevista en noticias u otros medios. Renuncio a cualquier y todo derecho de inspeccionar o aprobar el producto final de imágenes, vídeos o materiales impresos que pudieran ser usados en conjunto con cualquier imagen o video, o a aprobar el uso eventual para el cual pudieran ser utilizados.

Entiendo que las fotografías, videos y/o entrevistas se realizan con el conocimiento y aprobación de la parroquia y/o escuela, y que un formulario de liberación de responsabilidad firmado se requiere para cada individuo participante.

NO, no quiero que se incluya a mi hijo, ni que su imagen sea utilizada en ninguna comunicación interna o externa. *Esto no incluye los periódicos ni los anuarios de las escuelas católicas.*

\_\_\_\_\_  
*Firma del padre o tutor legal*

\_\_\_\_\_  
*Fecha*

\_\_\_\_\_  
*Nombre en letra imprenta del padre o tutor legal*

***Por favor comuníquese con el líder catequético de su parroquia o con el personal administrativo de su escuela inmediatamente para hacer cambios de autorización en su formulario de liberación de responsabilidad de medios.***

**PARA USO OFICIAL UNICAMENTE: Reemplace este formulario anualmente. Conserve la autorización más reciente hasta que el niño cumpla 20 años.**

THE ROMAN CATHOLIC  
ARCHDIOCESE OF ATLANTA



## Permission to Contact Youth

Complete One Form per Child

Child's Name: \_\_\_\_\_

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

Our parish and/or school, \_\_\_\_\_, follows the Archdiocese of Atlanta's [Social Media Policy and Guidelines for the Use of Social Networking Sites with Minors](#) for contacting youth via social media. We may also use text messages, email, and parish/school-approved online/virtual platforms to contact youth. Per this policy and guidelines, parents must be made aware of how social media and electronic communications are being used. *Parents must be told how to access the sites, and be given the opportunity to be copied on all material sent to their children.*

After receiving written permission to communicate with young people, Archdiocesan employees should be encouraged to save copies of conversations whenever possible, especially those that concern the personal sharing of a teen or young adult. Please reference the policy and guidelines for more information.

**Please indicate below whether our parish has permission to contact your child:**

I hereby grant permission for the following parish and/or school, \_\_\_\_\_, to contact my child, \_\_\_\_\_, for internal or external communications for **one year** via social media, email, text, and/or parish/school-approved online/virtual platforms. I understand I can request the same communications provided to my child, and that it does not have to be via the same technology (for example, if children receive a reminder via Twitter, parents can receive it in a printed form or by an email list).

NO, I do not want my child contacted or communicated with in any way.

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name of Parent or Legal Guardian*

***Please contact your Parish Catechetical Leader/School Administration immediately to change these permissions.***

**FOR OFFICE USE ONLY: This form is to be kept for current year. Supplant annually until the child is 18.**



## Autorización para contactar a la juventud

Complete un formulario por joven

Nombre del joven: \_\_\_\_\_

Fecha de nacimiento: \_\_\_\_\_

Nuestra parroquia y/o escuela, \_\_\_\_\_, sigue las [políticas de redes sociales y directrices para el uso de sitios de Internet donde se interactúa socialmente con menores](#) establecidas por la Arquidiócesis de Atlanta para ponerse en contacto con jóvenes a través de las redes sociales. También podemos utilizar mensajes de texto y correo electrónico para contactar a los jóvenes. Según esta política y directrices, los padres deben tener conocimiento sobre la forma en la que se están utilizando las comunicaciones electrónicas y las redes sociales. *Los padres deben recibir información para acceder a los sitios de Internet, y tener la oportunidad de ser copiados en todo tipo de material enviado a sus hijos.*

Después de recibir la autorización para comunicarse con la gente joven, se sugiere al personal arquidiocesano que guarde copias de conversaciones siempre y cuando sea posible, especialmente aquellas conversaciones que se refieren a temas personales compartidos por un adolescente o adulto joven. Por favor refiérase a las políticas y directrices para obtener más información.

**Por favor indique a continuación si la parroquia tiene o no permiso para contactar a su hijo.**

Autorizo ala siguiente parroquia y/o escuela, \_\_\_\_\_, para contactar a mi hijo, \_\_\_\_\_, en comunicaciones internas o externas durante **un año** a través de redes sociales, correo electrónico o texto. Entiendo que puedo solicitar acceder a las mismas comunicaciones que recibe mi hijo, y que no siempre tiene que ser a través de la misma tecnología (por ejemplo, si los jóvenes reciben un recordatorio a través de Twitter, los padres pueden recibirlo en forma impresa o como parte de una lista de distribución de correo electrónico).

NO, no quiero que mi hijo sea contactado ni que obtenga comunicaciones de ninguna manera.

\_\_\_\_\_  
*Firma del padre o tutor legal*

\_\_\_\_\_  
*Fecha*

\_\_\_\_\_  
*Nombre en letra imprenta del padre o tutor legal*

***Por favor contacte a su líder catequético parroquial inmediatamente para hacer cambios en el formulario de autorización para contactar a la juventud.***

**PARA USO OFICIAL UNICAMENTE: La fecha de este formulario debe corresponder al año en curso. Reemplace anualmente hasta que el joven cumpla 18 años.**

# Archdiocese of Atlanta Office of Child and Youth Protection



**TO:** Parents

**FROM:** \_\_\_\_\_ **CITY:** \_\_\_\_\_  
Parish or School Name

**SUBJECT:** VIRTUS: Teaching Safety – Empowering God’s Children Training Program

**Date:** \_\_\_\_\_

VIRTUS: *Teaching Safety – Empowering God’s Children*, a sexual abuse prevention program provided to us by the Archdiocese of Atlanta, is part of our ongoing effort to help create and maintain safe environments and to protect children and youth from sexual abuse. This program will be presented to enrolled students on \_\_\_\_\_.

As the primary educator of your child, you have the right to opt your child out of participating in the program. We encourage you to read the Children’s Program Overview and Children’s Program Brochure which can be found at <https://archatl.com/ministries-services/safe-environment/grades-k-12/>.

If you determine that you DO NOT want your child to participate, please complete the form at the bottom of this page and return it to your child’s teacher no later than \_\_\_\_\_.

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### VIRTUS: Teaching Safety – Empowering God’s Children

I do not give permission for my child/ren (listed below) permission to participate in the VIRTUS: Teaching Safety – Empowering God’s Children.

_____	_____
_____	_____
_____	_____

Parent’s Name (printed): \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_