

PARENTAL PERMISSION SLIP FOR MAKING SAFE CHOICES LESSON
 PERMISO PATERNO PARA ASISTIR A LA CLASE DE TOMANDO DECISIONES SEGURAS

I have reviewed the lesson plans for
 Yo he revisado la materia que se presenta para la clase

Making Safe Choices. I agree that my son/daughter may
Tomando Decisiones Seguras. Estoy de acuerdo que mi hijo/a puede

participate in the class to be given on November 17 at St Mary Catholic Church
 participar en las clases que se van a presentar el en

I have not reviewed the lesson plans for Making Safe Choices.
 No he revisado el contenido que se presenta para la clase de Tomando Decisiones Seguras.

However, I will give my son/daughter _____
 Sin embargo doy mi permiso para que mi hijo/a

permission to participate in the class to be given on _____ at _____
 Asista a la clase el en

I have been informed of the presentation – Making Safe Choices – and I do not wish my
 He sido informado de la presentación de Tomando Decisiones Seguras y no quiero que

child _____ to participate at this time.
 mi hijo/a participe ahora.

Parent's/Guardian's Signature *Firma de los padres o guardianes legales*

Address *Dirección*

Telephone Number *Número de teléfono*

Date *Fecha*

Parish *Parroquia* _____ City *Ciudad* _____

Virtues & Responsibility Class
Youth 4th Grade and UP WELCOME

Classes Begin Thursday, September 15, 2016
5:00pm – 6:30pm on Thursdays

Contact Donna if youth does not have all the Sacraments

NO CHARGE FOR THIS CLASS

Virtues Youth Class for 2016-2017 Registration Form

Youth's Name: _____

DOB: _____

Parent/Guardian NAME: _____

Grade: _____

Address: _____

Phone: _____ Email: _____

Special Needs:

Parent/Guardian Signature _____ Date _____

MUST also sign Parental Permission Slip for Making
SAFE CHOICES LESSON...THANK YOU!