

St. Joseph Parish
CONFIRMATION CLASS 2011
Retreat Permission Slip



For
Office
Use
ONLY:
F A

To :

(Teacher Name)

I grant permission for my child

to participate in the Confirmation Retreat scheduled for
SATURDAY, FEBRUARY 12, 2011 AT St. Joseph's Education Center, Parish
meeting Center, Gym and Church.

I release the parish, parish staff and volunteers from any normal
liabilities for injuries and incidents connected with this activity.

Parent/Guardian Signature: _____

Phone # where Parent/Guardian can be reached between 8:00 a.m. & 1:00 p.m.:

Please make note of any medical information concerning your child that we need
to be aware of for the retreat day:

**This permission slip must be returned to you child's teacher, along with the
other items to be included in the Confirmation envelope, by the week of
November 21, 2010.**

NO ONE MAY ATTEND THIS RETREAT WITHOUT RETURNING THE PERMISSION FORM!

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