

St. Michael Parish
Religious Education Program (R.E. Year 2026-2027)

Permission for Pick-Up Authorization Form

I, _____, parent or designated legal guardian of _____ do hereby give my permission for the following individual(s) to pick-up my child/children from religious education (R.E.) classes at/from the St. Michael Parish during the 2026-2027 Religious Education year.

_____ Name	_____ Relation
_____ Name	_____ Relation
_____ Name	_____ Relation
_____ Name	_____ Relation
_____ Name	_____ Relation
_____ Name	_____ Relation

I understand that if my child(ren) is/are to be picked up by someone other than the person(s) listed above, I will personally send a signed, written notification informing the R.E. Catechist accordingly.

_____ Name of Student	_____ Date	_____ Signature of Parent
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