

Our Lady of Mount Carmel
Religious Education Office
201-444-0211

Parent Pick -Up Permission

Date: _____

To: OLMC Religious Ed office

Student _____

Class: _____

Name of individual who will pick up my child:

Emergency telephone #

My child has my permission to walk home from weekly
Religious Education class _____

Parent signature

Date

Please return this form to the Religious Education office and
it will be attached to your child's registration file.