

Babysitting Form for Faith Formation Volunteers

Volunteers Name:				
Volunteer Assignment:	Day	Time	Grade	Room
Infant/Toddler's Name:		Birthdate:		
Home Phone:		Cell Phone:		
Allergies				
Special Needs				
Name/s of person/s, over the age of 16, allowed to pick up child/ren.				
Parent Signature			Date	

The Catholic Community of Saint Elizabeth Ann Seton Children's Ministry

7/09

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