Kids Peace Club for 2026-27 **Saint Columba Parish**

First and Last Name of child/children Grade



_____ _____

_____ _____

_____ _____

Parents' first and last name

Address

Cell phone _____ Cell phone_____

Email_____

If your child/children has/have any allergies please list them.

_____

_____

In case of an emergency Sister Suzanne will call the parents' cell to reach the parent, but if there is no response she has my permission to call 911 and get emergency services for my child to the nearest hospital, if necessary.

A parent signature is required.

_____Date_____

Please list any other information Sister Suzanne may need.

_____

Thank you for your support of our children. They are blessing to you, to me and our world.

Sister Suzanne