

Do Whatever He Tells You!

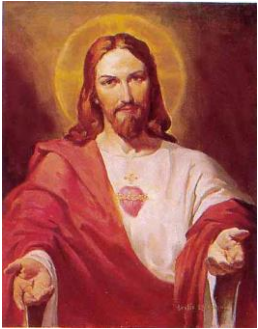
2017-18

Teen

Teacher Aide

Volunteer

Application Form



The Son of Man Came to Serve and Not Be Served.

Rev. Anthony D. Sorgie, Pastor

Sr. Cora Lombardo, ASCJ
Director of Religious Education

Ica PREP Office
53 Winter Hill Road,
Tuckahoe, NY 10707
914-961-1076

For which sessions would you like to volunteer as a Teacher Aide?.

SUNDAYS

_____ 10:30-11:45 AM

WEDNESDAYS

_____ 4:15 PM Session

_____ 6:45 PM Session

Teen's Name _____

School _____ Parish _____

Birthday _____ Grade _____

Teen's Home Phone _____ Teen's Cell _____

Teen's Email (Required) _____

PARENT/GUARDIAN INFORMATION

Mother _____ Home Phone _____

Address _____ Work Phone _____

City _____ State _____ Zip Code _____

Cell Phone _____ Email (Required) _____

Father _____ Home Phone _____

Address _____ Work Phone _____

City _____ State _____ Zip Code _____

Cell Phone _____ Email (Required) _____

WHO SHOULD WE CONTACT IN THE EVENT OF AN EMERGENCY? (Other than parent listed above.)

Name _____ Phone _____

Physician _____ Phone _____

MEDICAL INFORMATION

My teen has special needs: No Yes

(*food allergies, Health or behavior concerns that we should be aware of: asthma, diabetes, epilepsy, ADD, ADHD, etc.: or physical challenge, etc.) *If yes, please explain **

MEDICATION: No Yes If yes, please, state medication and reason:

Does your child take prescription or non-prescription medication on a regular basis?

WHO MAY PICK UP YOUR TEEN AT THE END OF PREP?

Parent Signature _____

Date _____