

**HOLY FACE TEEN ASSISTANT
Contact Information**

Teen Assistant (High School Age)

Teen's Name: _____ Grade: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Email: _____

Assist with grade _____

Medical or Education Concerns _____

In the event of an emergency, parent(s) will be contacted immediately. In case we are unable to reach parent(s), we ask that an emergency person be designated.

Name: _____ Phone: _____

Relationship to teen: _____