

Acolyte Training Permission Slip

**PLEASE BRING THIS COMPLETED FORM TO THE TRAINING SESSION OR RETURN TO PAT HOLM
BY EMAIL (pholm@stthomas-church.org) OR FAX (518-439-0108) BY THAT DATE.**

Child's Name: _____

Grade: _____

Date (month/year) of First Communion: _____

Contact information: Phone #: _____ Email address: _____

Preferred Mass: #1 _____ #2 _____

Parent Name(s): _____

Parent Signature: _____ Date of Signature: _____

Please let me know any dates your child would not be available to serve as an acolyte
through the end of August, 2018: _____

*(And, I realize these dates may change and that's not a problem. I am just trying to get a
good idea for scheduling purposes.)*

During an initial period our child will be scheduled to serve with an experienced acolyte.

Thanks.

Patricia Holm

Pastoral Associate, Administration