

**Somerville Collaborative**  
**ALTAR SERVER PERMISSION SLIP**

Must be completed by parent or legal guardian and Altar Server

Location you would like to serve at (Please Circle)

**St. Joseph Parish      St. Ann Parish      St. Catherine Parish**

Altar Server's Name: \_\_\_\_\_

Last First M.I.

Address: \_\_\_\_\_

Street City Zip

Altar Server's

Home Phone Number: \_\_\_\_\_

School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency contact: Name: \_\_\_\_\_

Number: \_\_\_\_\_

Are there any allergies (such as glutton) that the child may have?

Please list all allergies:

Are there any medical conditions that may require attention during his or her service (such as unexpected seizures)?

Please provide details?

**ALTAR SERVER COMMITMENT FORM**

I, \_\_\_\_\_ wish to serve in the Ministry of Altar Server at St. Catherine of Genoa Parish. I understand by signing this form that I am committed to doing my very best in this most important ministry. I agree to attend all required training sessions and workshops for Altar Servers. I also agree that regular participation in Mass is very important for this ministry. I agree to

arrive promptly, dress properly, and serve reverently when I am assigned to serve.

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Altar Server's Signature

Date

## **PARENT/GUARDIAN COMMITMENT FORM**

As parent/guardian of \_\_\_\_\_, I understand that he/she has requested to serve in the Ministry of Altar Server. I also understand that his/her ability to fulfill the commitments associated with this ministry depends heavily on my support. I agree to take responsibility that he/she is able to serve on the assigned dates and times. I also agree that continued growth and formation in the Catholic Faith is essential to my child's effectiveness in this ministry.

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Signature Date

Parent's/Guardians

**Please return this completed form and to the Parish Office.**

**For more information please call Christopher Shaw (617) 625-1904 or e-mail  
DFFSomervilleCollaborative@gmail.com**