

Office Use Only

Confirmation

Certificates Received

First Year Second Year

First Yr. Second Yr.

Birth Cert. Baptism

Year 20____ - 20____

Registration entered (connect now) Date _____

† Saint Francis Xavier Catholic Church †

1475 La Salle Avenue ~ Seaside, California 93955 ~ Telephone (831) 394. 8546 ~ Fax (831) 394.5414

Religious Education Registration ~ Grades 1~12

PLEASE PRINT CLEARLY

Family’s Last Name _____

Address / Apt. # _____ City _____ Zip Code _____

(____) _____ (____) _____ e-mail _____
Telephone # Home Work #

Father’s Name _____ Cell # _____

Mother’s Name _____ Cell # _____
With maiden name

Registration Tuition: One (1) child; \$ 50.00 Two (2) children; \$ 70.00

Three (3) children; \$ 80.00 Four or more; \$ 85.00

Receipt # _____
 Cash Check # _____

Are you registered parishioners of Saint Francis Xavier Catholic Church? Yes No

Did your child(ren) attend our Catechism program, in this parish, Last Year? Yes No

HAS CHILD

Full Name of Child	Grade	Date of Birth Month / Date / Year	Been	Received
			Baptized	First Holy Communion
1. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parents - Are you able to help in the program? Please check one or more of the following areas in which you are willing to help.

Teacher Kindergarten through Fifth gr. Jr. through High School Teacher’s Aid Office Volunteer

Archival Entries after completion of sacrament / Date entered into Connect Now _____

Book _____ Pg. _____, No. _____ / Book _____ Pg. _____, No. _____ / Book _____ Pg. _____ No. _____

Sacrament (s) completed on _____

**CONSENT FOR MEDICAL TREATMENT
DEPARTMENT OF FAITH FORMATION**

I (We), the undersigned parent (s) or legal guardian(s) of

Print Full Name of Child

A minor, **do hereby authorize a representative of the DIOCESE OF MONTEREY Saint Francis Xavier Catholic Church** as agent(s) for the undersigned to consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care that is deemed advisable and rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the California Medicine Practice Act, on the medical staff of an accredited hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. **I hereby give the representative(s) of the DIOCESE OF MONTEREY Saint Francis Xavier Catholic Church permission** to use his/her judgment in obtaining medical services. I agree that if medical services are required for my child, the **DIOCESE OF MONTEREY Saint Francis Xavier Catholic Church will NOT** be responsible for any medical expenses.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the above-mentioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care that the above mentioned physician in the exercise of his/his judgment may deem advisable.

This authorization shall be in effect during all times that my child is under the supervision of the **DIOCESE OF MONTEREY Saint Francis Xavier Church** until my child returns from the Faith Formation class and is no longer under the supervision of the **DIOCESE OF MONTEREY Saint Francis Xavier Church** .

Mother's Name _____

Mother's signature _____ **Date** _____

Father's Name _____

Father's Signature _____ **Date** _____

Legal Guardian's Name _____

Legal Guardian's Signature _____ **Date** _____

EMERGENCY CONTACT (Who to contact)

Name of Parent/Guardian (_____) Telephone # _____

Alternate Phone Number in case of emergency _____

Physician's Name and Telephone # _____ (_____) _____

Person(s) other than the above to notify in case of emergency;

Name _____ Telephone # (_____) _____

Name _____ Telephone # (_____) _____

Special Health Considerations: _____

Saint Francis Xavier Catholic Church
Religious Education
SIGN OUT/PICK UP AUTHORIZATION FORM

FAMILY'S LAST NAME _____

Telephone # (Home) _____ Work # _____

Name of Student _____ Grade _____

Name of Student _____ Grade _____

Name of Student _____ Grade _____

Name of Student _____ Grade _____

Name of Student _____ Grade _____

1. I authorize Saint Francis Xavier Catechetical Program to release my above named child to the adults below in the event that I am unable to pick up him/her up on any given day.
2. I understand that any of these adults may be required to show proper identification and that at the time my child is signed out of the program. Saint Francis Xavier Catechetical staff relinquishes all responsibility for my child.
3. I also understand that my child will not be released for any reason to any person not on this form unless I submit a written authorization note.
(Telephone calls to release student will not be accepted)

Special Clause for Brothers/Sisters Under Age of 18 Years

I AUTHORIZE _____ the brother / sister
be allowed to sign out my child (ren), in agreement with the terms of this authorization form.

Comments _____

Name of authorized person

Relationship to student

Name of authorized person

Relationship to student

SPECIAL CLAUSE FOR CHILDREN

Who sign out for themselves from the Catechetical Program, who come alone without parents help. I AUTHORIZE my child to sign themselves out of the program, for the following reason: they come walking alone or bike, etc.

Comments _____

AUTHORIZED PERSONS

Names:

Relationship

Father / Mother or Guardian

Date

Signature of child who comes alone

Date

Signature of child who comes alone

Date

Signature of child who comes alone

Date