

**Office Use Only**

Year 20\_\_ - \_\_

Date Sacrament(s) received \_\_\_\_\_ Priest \_\_\_\_\_

Archive: Book \_\_\_\_\_ page \_\_\_\_\_ No. \_\_\_\_\_, Book \_\_\_\_\_ page \_\_\_\_\_ No. \_\_\_\_\_

Book \_\_\_\_\_ page \_\_\_\_\_ No. \_\_\_\_\_

Date entered into Parish Soft \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ By: \_\_\_\_\_

FHC: 1<sup>st</sup> yr  2<sup>nd</sup> yr Confirmation: 1<sup>st</sup> yr  2<sup>nd</sup> yr Certificates received: Birth Cert.  Baptism 

Registration entered into Parish Soft \_\_\_\_/\_\_\_\_/\_\_\_\_

**† 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 \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_  
Telephone # Home(\_\_\_\_) \_\_\_\_\_  
Work #\_\_\_\_\_  
e-mail

Father's Name \_\_\_\_\_

Cell # \_\_\_\_\_

Mother's Name \_\_\_\_\_

Cell # \_\_\_\_\_

With maiden name

**Registration Tuition, Books and Supplies:**

Item	1 child	2 children	3 children	4 children
Registration	\$ 50	\$ 45 each	\$ 40 each	\$ 35 each
Books & supplies	\$ 20	\$ 20 each	\$ 20 each	\$ 20 each
<b>Total</b>	<b>\$ 70</b>	<b>\$ 130</b>	<b>\$ 180</b>	<b>\$ 220</b>

Receipt # \_\_\_\_\_

Cash  Check# \_\_\_\_\_

Received By \_\_\_\_\_

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	HAS CHILD	
			Been Baptized	Received 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

**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