

**Archdiocese of San Francisco SPECIAL EDUCATION PROGRAM for School Year 2017-18**

Offered at: St. Veronica Catholic Church 434 Alida Way SSF, CA 94080 (650) 588-1455

Family (Last) Name

Home Phone Number

Father's Cell Phone Number

Home Address

Email

Mother's Cell Phone Number

City

Zip

Emergency Contact Person

Emergency Contact Phone Number

Father's Full Name /Religion

Work Phone Number

Occupation

Mother's Full Name/Religion

Work Phone Number

Occupation

Marital Status: Married [ ] Divorced [ ] Widowed [ ] Single [ ]

Primary language spoken at home: \_\_\_\_\_ Other languages spoken at home: \_\_\_\_\_

**IF DIFFERENT FROM HOME ADDRESS, MAIL ALL CORRESPONDENCE TO:** \_\_\_\_\_

Child's Legal Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade in Fall 2017 \_\_\_\_\_

Parish your family regularly attends: \_\_\_\_\_

SACRAMENTAL DATA      DATE                                  PARISH                                  CITY/STATE

**Baptism\***                                  \_\_\_\_\_                                  \_\_\_\_\_                                  \_\_\_\_\_

**\*NEW REGISTRATIONS: ATTACH A COPY OF CHILD'S BAPTISMAL CERTIFICATE**

Please indicate which sacrament we will be preparing your child for in 2017-2018:

\_\_\_\_\_ First Communion                                  \_\_\_\_\_ Confirmation\*\*

\*\*If Confirmation, please fill out the following information about the child's First Communion:

**First Communion**      DATE                                  PARISH                                  CITY/STATE

Special needs: medical needs/concerns, learning disabilities, physical disabilities

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Parent/Guardian Signature

Date

**ARCHDIOCESE OF SAN FRANCISCO: Parental Permission Form**

**ACTIVITY: St. Veronica Special Needs Faith Formation Program**

Child/ren's Name(s): \_\_\_\_\_

I, the parent or guardian of the above named child/ren, hereby gives my permission for her/his participation in the activity named above. I agree to direct my child/ren to cooperate and conform to the directions and instructions of the St. Veronica Faith Formation volunteers and parish personnel responsible for the activity. I agree to the extent permitted by law, that in the event my child/ren is injured as a result of her/his participation in the above named activity, including but not limited to transportation to and from the activity, whether or not caused by the negligence (active or passive) of the parish/school or Archdiocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse.

I am not aware of any medical condition of my child/ren which would render it inappropriate for her/him to participate in any such activity. I hereby give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

PLEASE LIST THREE PERSONS, OTHER THAN PARENTS, TO NOTIFY IN CASE OF EMERGENCY AND WHO ARE AUTHORIZED TO PICK-UP YOUR CHILD/REN IN CASE OF AN EMERGENCY/DISASTER. (NOTE: YOUR CHILD/REN WILL ONLY BE RELEASED TO SOMEONE WHOSE NAME APPEARS ON THIS LIST). **ALL THREE LINES ARE REQUIRED:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

X \_\_\_\_\_  
Signature of Parent/Guardian Printed Name of Parent/Guardian Date

Please note any medical information or special learning needs you would like us and your child/ren's teacher to know about your child/ren. (for example: food allergies, asthma, medications, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**PARENT INVOLVEMENT (Because this is only successful with you!)**

Please indicate in which area(s) you would like to participate:

- ( ) Teaching/Team Teaching Grades 1-4 (Training provided)      ( ) Substitute Teaching Grades 1-4
- ( ) Teaching/Team Teaching Grades 5-8 (Training provided)      ( ) Substitute Teaching Grades 5-8
- ( ) Classroom Aide    ( ) Special Events    ( ) Help with Christmas Party    ( ) Help with End-of-Year Party

**\*\*\*\*Please fill out the back of this form as well\*\*\*\***

**ARCHDIOCESE OF SAN FRANCISCO**  
**Authorization to Consent to Emergency Medical Care and Waiver & Release Form**  
**Consent for Image Publication (Image Release)**

I/We \_\_\_\_\_, the undersigned, are the parent(s) having legal custody or the person(s) having legal custody or the legal guardian(s) of \_\_\_\_\_ **(child)**, who was born on \_\_\_\_\_ (month/day/year).

I/We hereby authorize the administration at St. Veronica Church where \_\_\_\_\_ **(child)** is enrolled, and agree to pay for, consent on my/our behalf any emergency medical, dental, surgical, or hospital care treatment, or diagnosis to be rendered to/for \_\_\_\_\_ **(child)** under the general or special supervision of a physician/surgeon or dentist pursuant to Section 1317(d) of the Health and Safety Code of California. It is expressly understood and agreed that an "emergency" shall be determined at the discretion of the administration of St. Veronica Church. If the undersigned has an emergency number on file, reasonable attempts will normally first be made to contact the undersigned or his/her designee at such number(s) prior to contacting emergency personnel.

The following information will aid in safe immediate care by medical personnel:

Date of last tetanus immunization: \_\_\_\_\_ Known allergies to medications: \_\_\_\_\_

I/We understand that St. Veronica Church is not legally obligated to make the above referenced consents for medical care. In consideration for the above referenced arrangements, the undersigned hereby agree(s) to release, discharge, indemnify and hold harmless St. Veronica Church, the Archdiocese of San Francisco, and its constituent organizations, and their officers, agents and employees, from any and all claims for personal injuries, property damage, or indebtedness for medical treatment expenses that I/we or my/our child may suffer as a result of this arrangement whether or not such injuries, damage, or indebtedness are caused by the negligence (whether active or passive) of any of the entities or individuals named or described above.

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**Signature of Parent/Guardian Printed Name of Parent/Guardian** **Date**

**Primary Contact Phone #:** \_\_\_\_\_

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**Signature of Parent/Guardian Printed Name of Parent/Guardian** **Date**

**Primary Contact Phone #:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone** \_\_\_\_\_  
(please print)

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**Primary Insured Name:** \_\_\_\_\_

**Insurance Company Name:** \_\_\_\_\_

**Policy/Kaiser #:** \_\_\_\_\_

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**Consent for Image Publication (Image Release)**

Occasionally, the children are photographed at St. Veronica Faith Formation events for use in our parish bulletin, which is released in both print and electronic forms at [www.stveronicassf.com](http://www.stveronicassf.com), or on parish bulletin boards located in the church vestibule. Please indicate whether you give permission for your child's image to be published.

\_\_\_\_ Yes, my child's image may be used for parish bulletins/bulletin boards \_\_\_\_ No, please do not use my child's image

Signature: \_\_\_\_\_ Date: \_\_\_\_\_