

Archdiocese of San Francisco SPECIAL EDUCATION PROGRAM for School Year 2019-20
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/2019-20 _____ Grade/2019-20 _____

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 2019-2020:

_____ 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/styles, physical disabilities

_____ 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

******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.

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

Primary Contact Phone #: _____

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

Primary Contact Phone #: _____

Emergency Contact: _____ **Phone** _____
(please print)

Primary Insured Name: _____

Insurance Company Name: _____

Policy/Kaiser #: _____

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, 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: _____