

St. Veronica Faith Formation Program 2021-22
NEW FORMAT: Please fill out one form for each FAMILY (all pages)

Section 1: (FAMILY INFORMATION)

<hr/> Family (Last) Name	<hr/> Primary Contact Phone Number	<hr/> Father's Cell Phone Number
<hr/> Home Address	<hr/> Email	<hr/> Mother's Cell Phone Number
<hr/> City Zip	<hr/> Emergency Contact Person	<hr/> Emergency Contact Phone Number
<hr/> Father's Full Name /Religion	<hr/> Father's Work Phone Number	<hr/> Occupation
<hr/> Mother's Full Name/Religion	<hr/> Mother's Work Phone Number	<hr/> Occupation
Marital Status: Married [] Divorced [] Widowed [] Single [] Other [] _____		
Primary language spoken at home: _____ Other languages spoken at home: _____		
IF DIFFERENT FROM HOME ADDRESS, MAIL ALL CORRESPONDENCE TO: _____		

Section 2: (STUDENT INFORMATION)

Child 1: Child's Full Legal Name: _____
SELECT THIS CHILD'S CLASS TIME

Wed. 3:30 - 4:45 PM for Grades 1 thru 6 _____ Sat. 9:00 -10:15 AM for Grades 1 thru 6) _____

Wed. 7:00 - 8:15 PM for Grade 7 & 1st year Confirmation (Grade 8 or High School only) _____

City & State/Country of Birth: _____ Date of Birth: _____

School in 2021-22: _____ Grade in 2021-22: _____

Prior Religious Instruction: _____ Faith Formation (CCD) _____ Catholic School _____ None

Parish Program Last Attended: _____ Last Date Attended: _____ Last Grade Completed: _____

Additional information: Child's nickname or preferred name, medical concerns, learning disabilities, learning styles, physical disabilities, or anything else that might help our volunteer catechists know about your child:

THIS CHILD'S SACRAMENTS: (if sacraments were at St. Veronica, this will be in our parish records):

SACRAMENTAL DATA	DATE	PARISH	CITY/STATE/COUNTRY
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Baptism* _____

* Please attach a copy of baptismal certificate for new registrations

First Eucharist _____

*****Please see the final page for registration fees and parental consent*****

Child 2: Child's Full Legal Name: _____

SELECT THIS CHILD'S CLASS TIME

Wed. 3:30 - 4:45 PM for Grades 1 thru 6 _____ Sat. 9:00 -10:15 AM for Grades 1 thru 6) _____

Wed. 7:00 - 8:15 PM for Grade 7 & 1st year Confirmation (Grade 8 or High School only) _____

City & State/Country of Birth: _____ Date of Birth: _____

School in 2021-22: _____ Grade in 2021-22: _____

Prior Religious Instruction: _____ Faith Formation (CCD) _____ Catholic School _____ None

Parish Program Last Attended: _____ Last Date Attended: _____ Last Grade Completed: _____

Additional information: Child's nickname or preferred name, medical concerns, learning disabilities, learning styles, physical disabilities, or anything else that might help our volunteer catechists know about your child:

THIS CHILD'S SACRAMENTS: (if sacraments were at St. Veronica, this will be in our parish records):

SACRAMENTAL DATA	DATE	PARISH	CITY/STATE/COUNTRY
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Baptism*	_____	_____	_____
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* Please attach a copy of baptismal certificate for new registrations

First Eucharist	_____	_____	_____
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Child 3: Child's Full Legal Name: _____

SELECT THIS CHILD'S CLASS TIME

Wed. 3:30 - 4:45 PM for Grades 1 thru 6 _____ Sat. 9:00 -10:15 AM for Grades 1 thru 6) _____

Wed. 7:00 - 8:15 PM for Grade 7 & 1st year Confirmation (Grade 8 or High School only) _____

City & State/Country of Birth: _____ Date of Birth: _____

School in 2021-22: _____ Grade in 2021-22: _____

Prior Religious Instruction: _____ Faith Formation (CCD) _____ Catholic School _____ None

Parish Program Last Attended: _____ Last Date Attended: _____ Last Grade Completed: _____

Additional information: Child's nickname or preferred name, medical concerns, learning disabilities, learning styles, physical disabilities, or anything else that might help our volunteer catechists know about your child:

THIS CHILD'S SACRAMENTS: (if sacraments were at St. Veronica, this will be in our parish records):

SACRAMENTAL DATA	DATE	PARISH	CITY/STATE/COUNTRY
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Baptism*	_____	_____	_____
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* Please attach a copy of baptismal certificate for new registrations

First Eucharist	_____	_____	_____
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Child 4: Child's Full Legal Name: _____

SELECT THIS CHILD'S CLASS TIME

Wed. 3:30 - 4:45 PM for Grades 1 thru 6 _____ Sat. 9:00 -10:15 AM for Grades 1 thru 6) _____

Wed. 7:00 - 8:15 PM for Grade 7 & 1st year Confirmation (Grade 8 or High School only) _____

City & State/Country of Birth: _____ Date of Birth: _____

School in 2021-22: _____ Grade in 2021-22: _____

Prior Religious Instruction: _____ Faith Formation (CCD) _____ Catholic School _____ None

Parish Program Last Attended: _____ Last Date Attended: _____ Last Grade Completed: _____

Additional information: Child's nickname or preferred name, medical concerns, learning disabilities, learning styles, physical disabilities, or anything else that might help our volunteer catechists know about your child:

THIS CHILD'S SACRAMENTS: (if sacraments were at St. Veronica, this will be in our parish records):

SACRAMENTAL DATA DATE PARISH CITY/STATE/COUNTRY

Baptism* _____

* Please attach a copy of baptismal certificate for new registrations

First Eucharist _____

Section 3: (REGISTRATION FEES AND PARENTAL CONSENT)

Return the completed registration form with your registration fee. Please make checks payable to: "St. Veronica Faith Formation Program" and write the child(ren)'s name(s) in the memo space. New: For debit/credit card or payment directly from a bank account, please call the parish office. Only one payment per family is needed. Please note that the Confirmation Year 2 (sacramental year) program is an independent program from the lower grades with its own fees and forms.

Fees for 2021-22 (please include the additional fee for children receiving First Communion in 2022)**

This is an all-inclusive fee which covers all instructional materials and supplies plus workshops and professional development for our volunteer catechists.

_____ **One Child - \$100 (**plus First Communion fee, if applicable)**

_____ **Two Children - \$150 (**plus First Communion fee, if applicable)**

_____ **Three or more Children - \$175 (**plus First Communion fee, if applicable)**

_____ ****First Communion Fee - \$30 per child receiving First Communion in 2022 to pay for additional supplies/ceremonies associated with the sacramental year**

_____ **Total Tuition Fee Owed**

NOTE: If not registered at St. Veronica, all new families will become registered members of our parish.

Section 4:

I give my permission to the Faith Formation Program to release, my name, phone number, address, and email to volunteer catechists for the use of program-related events only. [] YES [] NO

Parent/Guardian Signature

Date

ARCHDIOCESE OF SAN FRANCISCO: Parental Permission Form

ACTIVITY: *Saint Veronica 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.)

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/ren)**, who was/were born on _____ (month/day/year) _____ (month/day/year) _____ (month/day/year).

I/We hereby authorize the administration at Saint Veronica Church where _____ **(child/ren)** is/are 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/ren)** 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 Saint 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:

Child #1 as above: Date of last tetanus immunization: _____ Known allergies to medications: _____

Child #2 as above: Date of last tetanus immunization: _____ Known allergies to medications: _____

Child #3 as above: Date of last tetanus immunization: _____ Known allergies to medications: _____

I/We understand that Saint 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 Saint 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 #(s): _____

Consent for Image Publication (Image Release)

Occasionally, the children are photographed at Saint 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. Please indicate whether you give permission for your child's image to be published.

_____ Yes, my child/ren's image may be used _____ No, please do not use my child/ren's image

Signature: _____ Date: _____