

Archdiocese of San Francisco SPECIAL EDUCATION PROGRAM for School Year 2021-22

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 [] Other [] _____

Primary language spoken at home: _____ Other languages spoken at home: _____

IF DIFFERENT FROM HOME ADDRESS, MAIL ALL CORRESPONDENCE TO: _____

Child's Full Legal Name: _____

Date of Birth: _____ Place of Birth (city and state/country): _____

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

Parish your family regularly attends: _____

SACRAMENTAL DATA DATE PARISH CITY & STATE/COUNTRY

Baptism*

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

Please indicate which sacrament we will be preparing your child for in 2021-22:

_____ First Communion _____ Confirmation**

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

First Communion DATE PARISH CITY & STATE/COUNTRY

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

Parent/Guardian Signature

Date