

## **St. Elizabeth Parish**

490 Goettingen Street

San Francisco, CA. 94134

(This address is ONLY for CCD classes. DO NOT mail documents.)

---

**2020-2021**

**New hours: 9:00am – 11:00am**

For safety purposes and learning instructions, under the age of 4 are not allowed in any classrooms.

- Doors open at 8:30am, class begins at 9:00am and ends at 11:00am.
- No cell phones, earplugs, or electronic games during class hours, and recess time.
- Students with perfect attendance and perfect class mass attendance will receive an award at the end of the year.
- Student of the month (this includes): perfect attendance, perfect class mass attendance, completion of assignments and well-mannered behavior.
- Birthday celebrations will be modified due to COVID-19. We will inform you each month with any updates and/or activities.
- Students are not allowed outside Cantwell Hall during class hours and recess time.
- Parents/guardians must be on time for class and pick up time. Students are not allowed to stay on the premises after 11:00am. We do not have staffing to stay with your child.
- Class mass attendance is mandatory.

**OFFICE USE ONLY**

Payment \$ \_\_\_\_\_

(check or cash)

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

CCD Grade: \_\_\_\_\_

**St. Elizabeth Parish School of Religion Registration Form**

*(Please print in **BLACK** ink/pen)*

Child's Name: Last \_\_\_\_\_, First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_

School Name \_\_\_\_\_ City \_\_\_\_\_ Grade \_\_\_\_\_

Birthplace \_\_\_\_\_

Who does the child live with? Father \_\_\_\_\_ Mother \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

\*\*\*\*\*

**Father's Information**

**Mother's Information**

Name \_\_\_\_\_

**Last, First**

**Middle**

Name \_\_\_\_\_

**Last, First**

**Middle**

Address \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_

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

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

Business/Work # \_\_\_\_\_

Business/Work # \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

**St. Elizabeth Parish**  
**Emergency/Earthquake Form**

PLEASE PRINT INFORMATION

Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

In the event of apparent serious illness or accident, when I cannot be reached, I wish one of the following to be notified by telephone. They are authorized to act in my absence, and will inform that their names have been used on this card.

Siblings presently attending St. Elizabeth Religious Program:

Name \_\_\_\_\_ Grade \_\_\_\_\_

***"Please do not list your name in the space below."***

(It ***MUST*** be someone nearby who can be reached quickly)

1. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

.....  
***Note: If we are unable to reach a parent/guardian or someone on the emergency list, 911 will be contacted.***

\* List any special instructions from parents or guardian if child has allergies/medications or any health issues \*

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

**Mother's signature**

**Father's signature**

\_\_\_\_\_

\_\_\_\_\_

**St. Elizabeth Church**

**Religious Education Program  
449 Holyoke Street  
San Francisco, CA. 94134  
Phone # (415) 468-0820**

***“Waiver and Release Form”***

I hereby give my consent for any photograph or video tape taken of my child can be used by the St. Elizabeth Religious Education Program.

Furthermore, I hereby waive any and all rights to or compensation for any photographs, video tapes, motion pictures, recordings, or any other record of any and all events or activities, which may be made by the Archdiocese/Parish Agency and affiliate organizations.

Child’s name \_\_\_\_\_  
*(Please print)*

Signature of Parent/Guardian \_\_\_\_\_

\*\*\*\*\*

**“Permission to walk home”**

\_\_\_\_\_ If your child is allowed to walk home alone, please fill out this form.

\_\_\_\_\_ If you **DO NOT** allow your child to walk home, **DO NOT** fill out this form.

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

## St. Elizabeth Parish Sacramental Information

“Certificates of all sacraments must be attached for our records – Even if baptized at St. Elizabeth.”

---

Baptism date \_\_\_\_\_ Parish \_\_\_\_\_

City and Country \_\_\_\_\_

First Holy Communion date \_\_\_\_\_ Parish \_\_\_\_\_

City and Country \_\_\_\_\_