

OFFICE USE ONLY

Payment \$ _____

(Check or Cash)

Date _____

FF Grade _____

St. Elizabeth Church

Mailing Address: 449 Holyoke Street
San Francisco, CA (415) 468-0820
stelizabethchurchsf@gmail.com

2025-2026 Faith Formation

Registration Fee \$ 50.00

Please print legibly in ink pen

Student's Name: Last _____ First _____

Date of Birth: _____ Age: _____ Birth Place: _____

School: _____ Grade: _____

Who does the student live with? Father ____ Mother ____ Both ____ Other _____

Father's Information

Name _____
Last, First

Address

Home Phone # _____

Cell Phone # _____

Business/Work # _____

Email Address _____

Mother's Information

Name _____
Last, First

Address

Home Phone # _____

Cell Phone # _____

Business/Work # _____

Email Address _____

Email addresses are MANDATORY

ATTENTION!

DEAR FAITH FORMATION FAMILIES,

CLASSES BEGIN WITH THE 8:30 AM SUNDAY MASS.

PLEASE BRING YOUR CHILD AT 8:20 AM AT THE FRONT OF ST. ELIZABETH CHURCH.

ATTENDANCE WILL BE TAKEN AS THEY ENTER CHURCH.

AFTER MASS TEACHERS WILL ESCORT YOUR CHILD DOWN TO CANTWELL HALL FOR THE REMAINDER OF CLASS TIME.

ALL GRADES WILL BE DISMISSED AT 11:30 AM.

THEIR TEACHER WILL ESCORT THEM OUT.

SUNDAY CLASSES

Grades K- 8th

8:30 am - 11:30 am

Classes begin with the 8:30 am Mass

- **Class begins at the 8:30 am Mass in Church. Drop off at 8:20 am in front of church. Attendance will be taken.**
- **After Mass each teacher will escort their class down to Cantwell Hall Where the remainder of the class will continue.**
- **NO cellphones, earbuds, or electronic games during class hours and recess time. Items will be confiscated if used and can only be returned to parents.**
- **Students are not allowed outside Cantwell Hall during class hours.**
- **Parents/guardians must be on time for class and pick-up time. Students are not allowed to stay on the premises after 11:00 am because staffing is not available.**

DISMISSAL:

- **PARENTS WAIT OUTSIDE FOR YOUR CHILDREN.**
- **Parents are not allowed in Cantwell Hall during class time.**
- **Grades K-8th: Teachers will bring their class outside at 10:30am.**

Sacramental Information

Sacramental certificates are **required** with registration.
If already turned in, Thank you.

Baptism

Date _____

Church _____

City/State _____

First Holy Communion

Date _____

Church _____

City/State _____

It is the parents responsibility to obtain certificates if needed.

Emergency/Earthquake and Medical

Student's Name

Last _____ First _____

Siblings presently attending St Elizabeth Faith Formation (Religious) Program:

Name _____ Grade _____

Name _____ Grade _____

EMERGENCY CONTACTS

- In the event of illness or accident, when I cannot be reached, please call one of the following emergency contacts. They are authorized to act in my absence and have been informed.
- Please do not list parent name in the space below.
- It MUST be someone LOCAL (nearby) who can be reached quickly.
- Note: If we are unable to reach a parent/guardian or someone on the emergency list, 911 will be contacted.

Name _____

Relationship to Child _____

Address _____

Home # _____ Cell # _____

Name _____

Relationship to Child _____

Address _____

Home # _____ Cell # _____

ALLERGIES/MEDICAL CONDITIONS: Please list all conditions

Father/guardian signature

Mother/guardian signature

PERMISSION AND RELEASE FORM - 2025-2026

I, hereby authorize my child (name) _____
to participate in the making of a project consisting of photograph(s) and/or video/film
production and/or internet/website titled **St. Elizabeth Church**.

I specifically understand that **St. Elizabeth Church** shall hereby retain any and all
rights in the photograph(s) and/or video/film production and/or internet/website,
including but not limited to, the rights to reproduce, copy, edit, exhibit, publish
and \or \distribute such photograph(s) and/or video/film and/or internet.

Parent/Guardian Signature _____

Date _____

ST. ELIZABETH PARISH REGISTRATION

We extend our hands and hearts to you here celebrating with us, whether long-time or
newly arrived in our parish. We thank God that you are with us.

If you are not registered and would like to be, please fill in the form and submit.

Mother's Name: _____

Father's Name: _____

Address: _____

Zip Code: _____

If Mr. and Mrs. Please indicate

ST. ELIZABETH WALK HOME AUTHORIZATION FORM

My child has my permission to walk home by himself/herself.

Student(s) name(s) _____

Mother/Father Signature (circle parent) _____

Date _____