

**St. Elizabeth Parish School of Religion Registration Form
School Year 2018-2019 Tuition Payment - \$45.00**

Child's Last Name _____

Child's First Name _____

Home Address _____

City _____ **Zip** _____

Child's Grade _____ **School** _____

Birthplace _____ **Birth Date** _____ **Age** _____

With Whom Does The Child Live? **Mother** _____ **Father** _____ **Both** _____

Contact Person's Name _____

Home Address _____ **City** _____ **Zip** _____

Home Phone Number _____

Cell Phone _____ **Work Phone Number** _____

Email Address _____

In Case of Emergency whom should we call ? _____

Best number to call in case of emergency _____

Mother's First Name _____ **Maiden Name** _____

Cell Phone _____ **Work Phone** _____

Father's First Name _____ **Last Name** _____

Cell Phone _____ **Work Phone** _____

Sacramental Information

Baptism Date _____ **Parish** _____

City _____ **Country** _____

First Penance Date _____ **Parish** _____

First Holy Communion Date _____ **Parish** _____

Medical Information

Allergies _____

Asthma Yes _____ No _____

If Yes, Does student need an inhaler with them during class?

Yes _____ No _____

If Yes, Does student know how to use inhaler on his/her own?

Yes _____ No _____

Does student have any other medical problems that we should be made aware of? _____

Any other concerns we should know about? _____

Any learning disabilities? _____

Signature of Parent or Guardian _____

Dated _____

St. Elizabeth Parish Emergency Form
Please Print Information

Child's Last Name Child's First Name Grade

Home Address Home Phone Number Date of Birth

Person responsible for making child's medical decisions
Mother _____ Father _____ Both _____
Other relative _____ Relationship to Child _____

Name of person responsible for child's medical decisions Whom We Should Contact
(if both parents responsible please list both parent's names)

Name _____ Relationship to child _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name _____ Relationship to child _____

Home Phone _____ Cell Phone _____ Work Phone _____

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.. Please do not list your name in space below. It must be Some One Nearby who can be reached quickly.

Name _____ Relationship to child _____

Address _____ Home Phone _____ Cell _____

Name _____ Relation to Child _____

Address _____ Home Phone _____ Cell _____

Name _____ Relationship to child _____

Address _____ Home Phone _____ Cell _____

In case of minor injury, I authorize that a person qualified to administer First-aid
In case of an accident may we contact your Family Doctor or Dentist? _____ Yes _____ No

Family Doctor _____ Phone Number _____

Family Dentist _____ Phone Number _____

Your Signature _____ Date _____

Authorization to Consent to Emergency Medical Care and Waiver & Release Form

I/We _____, the undersigned, are the parent(s) having legal custody or the person having legal custody or the legal guardian of _____, who was born on _____.

I/We hereby authorize the administration of St. Elizabeth Religious Education Program where (Child) _____ is enrolled to consent to, and agree to pay for, on my/our behalf any emergency medical, dental, surgical, or hospital care treatment, or diagnosis to be rendered to or for (child's name) _____ under the general or special supervision or a physician/surgeon or dentist pursuant to Section 1317 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. Elizabeth Parish. If the undersigned has left an emergency number on file at St. Elizabeth Religious Education Program reasonable attempts will normally first be made to contact undersigned or his/her designee at such number(s) prior to contacting an emergency treatment organization.

The following information will aid in safe/immediate care by medical personnel:

Date of last tetanus immunization: _____

Known allergies to medication: _____

I/We understand that St. Elizabeth Parish is not legally obligated to make the above Referenced consents or medical care. Therefore, in consideration for the above referenced arrangements, the undersigned hereby agrees to release, discharge, indemnify and hold harmless the Archdiocese of San Francisco, its constituent organizations, including, but not limited to St. Elizabeth Parish and their officers, agents, 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.

Dated: _____

Signature of Parent(s) or Guardian

**St. Elizabeth Religious Education Program
Earthquake Emergency Form
School year 2018-2019**

In the event of an earthquake or similar disaster, I hereby authorize the administration or faculty of St. Elizabeth Religious Education Program to release my child/children to the following person(s) if I am not able to come for them myself.

Child's Name _____ **Grade** _____

Siblings presently attending ST. Elizabeth Religious Education Program

_____ **Grade** _____ **Grade** _____ **Grade** _____

Person(s) Authorized To Take Child	Address/Phone	Work/Cell Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

My child need to take medication on a regular basis. Yes _____ **No** _____
If Yes, have you provided school with emergency supply? Yes _____ **No** _____
Does your child have an allergy to any medication? Yes _____ **No** _____
If yes, what medication? _____

**I also give my permission for any immediate first aid or medical attention to be given to my child if it is deemed advisable by the administration/faculty of St. Elizabeth Religious Education Program in the event of a disaster.
This includes emergency release to paramedics and/or ambulance for hospital attention.**

Parent/Guardian Signature _____ **Date** _____

Administration Use Only (please do not write below this line)
Date; _____ **Time:** _____ **The above child was released to:** _____

Signature of authorized person: _____

First Aid Administered: Yes _____ **No** _____
If yes by whom _____

**ST. ELIZABETH CHURCH
RELIGIOUS EDUCATION PROGRAM
449 HOLYOKE STREET
SAN FRANCISCO, CA 94134
415-468-0820**

**WAIVER AND RELEASE FORM
2018-2019**

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.

Further, I hereby waive any and all rights, to or compensation for any photograph, 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 Name: _____
(Please Print)

Signature of Father/guardian:

Signature of Mother/guardian:

Date: _____

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.

I give permission to allow my child/children to walk home unsupervised after St. Elizabeth parish religious education program.

Child's/Children's Name _____

Parent/Guardian signature: _____

Date: _____