

# St. Patrick Church

756 Mission St, San Francisco CA 94103

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## Religious Education Program Registration Form 2023 - 2024 School Year

**Registration fee: First Grade to Year Confirmation - \$60**

\*\*\*\* NOTE: A copy of Baptismal Certificate is required for new students. \*\*\*\*

### **Student Information**

Name: \_\_\_\_\_  
*Last First Middle*

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_ Gender: M / F

Sacraments Received:

Baptism: Yes / No \_\_\_\_\_ (date) Church and Place: \_\_\_\_\_

First Eucharist: Yes / No \_\_\_\_\_ (date) Church and Place: \_\_\_\_\_

Submitted Baptismal Certificate: Yes / No

School: \_\_\_\_\_ School Grade: \_\_\_\_\_ Rel. Ed. Grade (Office Use!) \_\_\_\_\_

Other students (siblings) in Religious Education Program this year:

Name: \_\_\_\_\_ School Grade: \_\_\_\_\_ Rel. Ed. Grade (Office Use!) \_\_\_\_\_

Name: \_\_\_\_\_ School Grade: \_\_\_\_\_ Rel. Ed. Grade (Office Use!) \_\_\_\_\_

### **Family Information**

Father's Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: Daytime \_\_\_\_\_ Evening: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: Daytime \_\_\_\_\_ Evening: \_\_\_\_\_

Family email checked regularly: \_\_\_\_\_

With whom does the child reside? Both parents \_\_\_ Mother \_\_\_ Father \_\_\_ Grandparents \_\_\_ Others \_\_\_

Registered Parishioners of St. Patrick? \_\_\_ Yes \_\_\_ No If "No" please fill out parish registration form.

**Medical/Emergency Information**

Does your child have any allergies/chronic medical conditions? \_\_\_ Yes \_\_\_ No

Is your child currently taking medication for any medical condition? \_\_\_ Yes \_\_\_ No

If yes, please ensure your child has the medication if it has to be taken during class.

If you (parents) are not available, who is your child’s contact in case of emergency?

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Relationship to your child: \_\_\_\_\_

**ALL PARENTS: Medical Release (Please Initial)**

\_\_\_\_\_ In the event that I (parent/guardian) cannot be reached in case of an emergency and if in the judgment of the Director of Religious Education, or medical staff called to assist there is a necessity for emergency examination and/or treatment of my child, I hereby request and authorize the aforesaid personnel to obtain for my child any diagnosis/treatment and medication deemed necessary by medical personnel present.

Dates for which this release is intended: September 17, 2022 through May 27, 2023.

**CHILD ALONE: Please Initial below if your child will be commuting on his/her own**

\_\_\_\_\_ I DO allow and want my child to go home on his /her own.

**CHILD ACCOMPANIED: Notice of Release of Liability (Please Initial)**

\_\_\_\_\_ I DO NOT allow nor do I want my child to go home on his/her own. My child will wait for me in Bitanga Hall. I understand that my child’s Religious Education session will end at 11:00 a.m. and that it is my responsibility to pick up my child at that time. The Religious Education teachers will NOT be responsible for my child after that time and I release St. Patrick Church from any and all liability.

Please note: for your child’s safety and protection, he/she CAN NOT be let outside to wait for you on Mission Street, or meet you in Yerba Buena Lane or elsewhere. You must come into Bitanga Hall to drop off / pick up your child.

If I am not able to pick up my child, he / she is allowed to leave with the person listed below:

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Relationship to your child: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Name, Printed: \_\_\_\_\_

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