

**Student Registration Form**  
**Children's Faith Formation Program Saint Cecilia's Church**  
**School Year 2018-2019**

Saint Cecilia's Church in San Francisco offers Children's Faith Formation classes for kindergarten through 8<sup>th</sup> grade. Classes are open to all children who are interested in learning about the Catholic faith and/or prepare for First Reconciliation, First Communion and Confirmation. Please **fill out one (1) registration form per student** and provide a copy of your child's baptismal and first communion certificate, if applicable.

Registration fee per family is as follows: One Child-\$50.00; Each additional child -\$40.00  
 Additional Fees: \$200.00 – Confirmation (Includes fees for retreats & Confirmation gowns)

Registration Forms and payments can be mailed to Saint Cecilia's Church Children's Faith Formation Program, 2555 Seventeenth Avenue, San Francisco, CA 94116. For more information, please contact Lorna Feria at 415.370.7340 or email [lorna\\_feria@stcecilia.com](mailto:lorna_feria@stcecilia.com).

<b>Student Information</b> Information used for parish registry for Baptism, First Eucharist and Confirmation	Last Name _____		First Name _____		Middle Name _____	
	Street Address (if different from student) _____			Apartment # _____		
	City ( ) _____		State _____		Zip Code _____	
	Home Phone Number _____			/ /		
	Grade in Public/Private School or Pre-School _____			Date of Birth _____		Place of Birth (City, State, Country) _____

**Sacramental Preparation Programs for Reconciliation, Eucharist and Confirmation.**

1. Is your child a baptized Roman Catholic?  
 Yes                       No
2. Do you intend to enroll your child into the First Reconciliation and First Eucharist Preparation Program?  
 Yes                       No
3. Do you intend to enroll your child into Confirmation Sacramental Preparation Program?  
 Yes                       No

<b>Parish Information</b>	Name of Parish _____		Years Registered at Parish _____		
	City _____				
<b>Baptism</b> Please provide a copy of your child's Baptismal certificate.	Name of Church _____		Religion _____		
	City _____		State _____		Country _____
	Date of Baptism / / _____				
<b>First Eucharist</b> Please provide a copy of your child's first Eucharist certificate if preparing to receive Confirmation.	Name of Church _____				
	City _____		State _____		Country _____
	Date of First Eucharist / / _____				

Please let us know if your child will require special accommodations. Describe any medical information or special learning needs that you would like us to know. i.e. food allergies, asthma, medications, autism, etc.

<b>Emergency Contacts</b> Persons authorized to pick-up your children in case of emergency/disaster and information on your child's doctor and medical plans.	Emergency Contact #1 Name _____		Relationship to Student _____		( ) Phone Number	
	Emergency Contact #2 Name _____		Relationship to Student _____		( ) Phone Number	
	Emergency Contact #3 Name _____		Relationship to Student _____		( ) Phone Number	
	Physician's Name _____		Medical Provider Name _____		Policy # _____	
	Street Address _____			Suite # _____		
	City ( ) _____		State _____		Zip Code _____	
	Phone Number _____					

<b>Parent/ Guardian</b> Information used for parish registry for Baptism, First Eucharist and Confirmation	<b>Father or Guardian's Information</b>		
	Last Name _____	First Name _____	Middle Name _____
	Street Address (if different from student) _____	Apartment # _____	
	City _____ ( ) _____	State _____	Zip Code _____
	Home Phone Number _____ ( ) _____	Email _____	
	Cellular Phone Number _____		
	Religion _____		
	<b>Mother's Information</b>		
	Maiden Last Name _____	First Name _____	Middle Name _____
	Street Address (if different from student) _____	Apartment # _____	
City _____ ( ) _____	State _____	Zip Code _____	
Home Phone Number _____ ( ) _____	Email _____		
Cellular Phone Number _____			
Religion _____			
<b>Marriage</b> Information used for parish registry for Baptism, First Eucharist and Confirmation	Name of Church, if applicable _____		Religion _____ (ie. Roman Catholic, Civil)
	City _____ / /	State _____	Country _____
	Date of Marriage _____	Marital Status of Child's Parents _____	Indicate if Married, Divorced or Widowed _____
	Comments: _____		

### ARCHDIOCESE OF SAN FRANCISCO: PARENTAL PERMISSION FORM

We/I, the parent(s)/guardian of \_\_\_\_\_ student name), hereby give our/my permission for his/her participation in Saint Cecilia's Church Faith Formation Program located at 2555 Seventeenth Avenue, San Francisco, CA 94116. We/I agree to direct my child to cooperate and conform with the directions and instructions of the parish, school, or Archdiocesan personnel responsible for this program.

We/I agree, to the extent permitted by law, that in the event my child is injured as a result of his/her participation in the above-named activity, including but not limited to transportation to and from the activity, whether or not caused by the negligence (active or passive) of the parish/school or Archdiocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse.

We are/ I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity. We/I hereby give permission to the physician selected by the Saint Cecilia's Church Children's Faith Formation Program supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

Further, we/I hereby waive any and all rights to, or compensation for, any photographs, videotapes, motion pictures, recordings, or any other record of this event or activity which may be made by the Archbishop/Parish/School/Agency and affiliate organizations.

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

**ARCHDIOCESE OF SAN FRANCISCO: WAIVER AND RELEASE FORM RELATING TO MINORS**

In consideration of the acceptance of my child's application for participation in Saint Cecilia's Faith Formation Program, I hereby grant permission for my child to participate and, to the extent permitted by law, waive, release, and discharge any and all claims for damages for death, personal injury, loss, or property damage which I may have or which may hereafter accrue to me or my child, as a result of my child's participation in Saint Cecilia's Faith Formation program, including but not limited to transportation to and from the program events and activities, whether or not caused by the negligence (active or passive) of the Archdiocese. This Waiver and Release is intended to release and discharge in advance the promoters, sponsors, officials, leaders and THE ROMAN CATHOLIC ARCHBISHOP OF SAN FRANCISCO, A CORPORATION SOLE, and Saint Cecilia's Church and Children's Faith Formation Program, San Francisco, CA and their officers, agents and employees (The Archdiocese) from any and all liability, except for that attributable to willful misconduct, arising out of or connected in any way with my child's participation in Saint Cecilia's Church Children's Faith Formation Program for the 2018-2019 School Year.

It is further understood and agreed that this Agreement, Waiver and Release is to be binding on my heirs and assigns. Also, I hereby attest and verify that my child is physically fit and capable of participation in Saint Cecilia's Faith Formation Program, and further, my child's physical condition for safe participation in the program has been verified by a licensed medical doctor during the last year, and that my child is under the age of 18. I agree to inform my child to abide by the rules established by the promoters, sponsors, officials or leaders of Saint Cecilia's Church Children's Faith Formation Program, and to obey the directions given by any of them. Further, I hereby waive any and all rights to, or compensation for, any photographs, videotapes, motion pictures, recordings, or any other record of this event or activity which may be made by the Archbishop/Parish/Agency and affiliate organizations. Further, I hereby attest that my child's participation in this event or these activities will be conducted on his/her own time and not on his/her employer's time, and this is for his/her own personal benefit, and any injury sustained will not be considered by myself or my heirs or assigns as a work-incurred injury. This waiver and Release form is signed in order to participate in Saint Cecilia's Church Children's Faith Formation Program for my child's own personal enjoyment and benefit, and is done so freely with full knowledge of the risks and dangers incident thereto.

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Student Signature

Date

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Student's Printed Name