

**St. Francis Xavier Parish – 2010-2011 Religious Education Registration Form
For New & Returning Students - Wed. Classes Grades 1 thru 5 (includes Sacramental Preparation)**

Family Name (last) _____ Home Phone _____

Address _____ City _____ Zip _____

Family Email(s) -EM checked most often _____

Are you registered at St. Francis Xavier Parish? ___ Yes / ___ No Envelope # _____

Father's Information

Name _____

Wk ph. _____ Cell _____

Religion _____

Mother's Information

Name _____

Wk ph. _____ Cell _____

Religion _____

Both parents live at above address? Yes ___ / No ___ If not, please give other address: For? _____

Address _____ City _____ Zip _____

Student's Information (If registering more than three children, please copy and attach)

Student's Information: Registering for Religious Ed Grade: New _____ / Returning _____

Child's First Name _____ MI _____ Last Name _____

Grade in Fall _____ School _____ Birth Date _____

Circle Sacraments Received: Baptism / Reconciliation / Eucharist

Student's Information: Registering for Religious Ed Grade: New _____ / Returning _____

Child's First Name _____ MI _____ Last Name _____

Grade in Fall _____ School _____ Birth Date _____

Circle Sacraments Received: Baptism / Reconciliation / Eucharist

Student's Information: Registering for Religious Ed Grade: New _____ / Returning _____

Child's First Name _____ MI _____ Last Name _____

Grade in Fall _____ School _____ Birth Date _____

Circle Sacraments Received: Baptism / Reconciliation / Eucharist

IMPORTANT: Please enclose a separate, signed health form for each child you are registering (see attached). If registering a new student, a copy of your child's baptism certificate must also be enclosed with your registration. Please write full address of your child's church of baptism on the copy (if not indicated on the Baptism Certificate). Your registration form will be returned if a copy of the baptism certificate is not received. If you do not have a copy of your child's baptism certificate, you must contact your church of baptism, they will send one to you.

Fees

Parishioner: \$60.00 per child.

Non-Parishioner: \$75.00 per child

For those making their sacraments of Reconciliation/Eucharist,

Add an additional \$35 Sacramental Preparation fee:

Total: Parishioners \$95 each child / Non Parishioners \$110 per child

To Register: Return this form, with health form(s), and **If child is a new student,** a copy of their baptism certificate indicating full address of church of baptism.

Attach payment (check payable to St. Francis Xavier) and mail or bring to our parish

St. Francis Xavier Parish, 3801 Scott Road, Burbank, CA 91504 818-504-4411 / religioused@sfxrcceburbank.org

FOR OFFICE USE ONLY

Date Received _____

By _____

Amount Pd. _____

Check No. _____ Cash _____

MEDICAL RELEASE FORM: Student's Name: _____ Birth Date: _____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR:

I (We) the undersigned parent(s) or guardian(s) of _____ a minor,
(St. Francis Xavier Church – Religious Ed Student)
do ____ or do not ____ consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of any licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, **but is given to provide authority and power on the part of our adult volunteers at St. Francis Xavier Church as agents for the undersigned**, to give specific consent to any treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant of the provisions of section 25.8 of the civil code of California. This authorization shall remain effective from **September 1, 2010 to June 30, 2011** unless sooner revoked in writing delivered to said agent(s).

Parent/Legal Guardian (sign) _____ Date Signed _____

Parent/Legal Guardian (print) _____ Relationship _____

Address _____ City _____

Emergency Phone: Hm (____) _____ Cell (____) _____ Wk (____) _____

If parent/legal guardian is not available in an emergency, contact: Relationship _____

Name _____ Phone (____) _____

MEDICAL INFORMATION

Health Insurance Company _____

Policy # _____ Group# _____ Phone (____) _____

Immunization History: Please provide dates: Date of last tetanus shot _____

DPT _____ DPT Booster _____ Polio Series _____ Polio Booster _____

Operations or Serious Injuries:

_____ Date _____

_____ Date _____

Please list any allergies. Include medications, foods, etc. _____

Does your child have any medical or special needs, including medications currently being used?

No ____ Yes ____ If yes, please explain. _____

Please notify the RE Office if this child is exposed to any communicable disease during the three weeks prior to attendance.

Doctor's Name _____ Phone (____) _____

Dentist's Name _____ Phone (____) _____