



St. Francis Xavier Parish, Burbank
Sunday School Registration Form 2010-2011
 (For children ages 4 to 6 years old attending pre-school or kindergarten this Fall.)

Sunday School is a fun, faith-filled program to help young children understand God, His gifts, and His great love for us. Through storytelling, prayer, music and fun activities children can relate their own experiences to the Gospel. Bright colors and sturdy paper make the activities manageable for our young learners. Lively, involving weekly "lessons in love" can also be shared with parents.

We use the school calendar and meet late September thru mid May during 10:30 A.M. Mass. Parents drop off their child on their way to Mass (in the lower school building) at 10:20 A.M., and pick up immediately following Mass at 11:30 A.M. Snacks are provided, so it is important to let us know of any food allergies.

(Note: The class calendar will be available on or before September 1st)



Cost: Parishioner - \$60/first child, \$30/each additional child.

Non-Parishioner: \$75.00/first child \$40 each additional child.

Space is limited. Please register as soon as possible. We hope your child(ren) will be able to join us this Fall!

PLEASE PRINT - If registering more than two children, please copy this form -

<u>Student's Information:</u>	New _____ / Returning _____
Child's First Name _____	Last Name _____
Nickname: _____	Birth Date _____ Age _____ Grade in Fall _____

<u>Student's Information:</u>	New _____ / Returning _____
Child's First Name _____	Last Name _____
Nickname: _____	Birth Date _____ Age _____ Grade in Fall _____

Parent's First/Last Name(s): _____

Full Address _____

Home Ph (____) _____ Cell Ph (____) _____

Email (checked most often) _____

Are you registered at St. Francis Xavier Parish? ___Yes / ___No Envelope # _____

Will parent(s)/guardian be in church during class time? Yes _____ / No _____.

In case of emergency, if parents are not available, call: Name: _____

Relationship _____ Phone: _____

Please complete a separate medical form for each child you are registering (see attached).

Mail this registration form, medical form(s), and payment to:
St. Francis Xavier Parish, 3801 Scott Road, Burbank, CA 91504

For questions, please call Rosie Roope, Religious Education Office: 818-504-4411
 or Email: religioused@sfxrccburbank.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 (____) _____