† Saint Francis Xavier Catholic Church †
1475 La Salle Avenue ~ Seaside, California 93955 ~ Telephone (831) 394. 8546 ~ Fax (831) 394.5414

Religious Education Registration ~ Grades 1~12
PLEASE PRINT CLEARLY

Family’s Last Name

_____________________________________________________________________________________

Full Name of Child | Grade | Date of Birth | Has child been / received
| | | Baptized | First Holy Communion

1. ____________________ | _________ | __________ | □ Yes □ No | □ Yes □ No
2. ____________________ | _________ | __________ | □ Yes □ No | □ Yes □ No
3. ____________________ | _________ | __________ | □ Yes □ No | □ Yes □ No
4. ____________________ | __________ | __________ | □ Yes □ No | □ Yes □ No
5. ____________________ | _________ | __________ | □ Yes □ No | □ Yes □ No
6. ____________________ | _________ | __________ | □ Yes □ No | □ Yes □ No

Parents - Are you able to help in the program?

Please check one or more of the following areas in which you are willing to help.

Teacher/Elementary: □ Kindergarten through Fifth grade............. □ Junior through High School............. □
Teacher’s Aid □ Room Father or Room Mother □ Office Volunteer □ Other Skills □

Revised 06-18-2014
CONSENT FOR MEDICAL TREATMENT
DEPARTMENT OF FAITH FORMATION

I (We), the undersigned parent(s) or legal guardian(s) of

[Print Full Name of Child]

A minor, do hereby authorize a representative of the DIOCESE OF MONTEREY Saint Francis Xavier Church as agent(s) for the undersigned to consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care that is deemed advisable and rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the California Medicine Practice Act, on the medical staff of an accredited hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I hereby give the representative(s) of the DIOCESE OF MONTEREY Saint Francis Xavier Church permission to use his/her judgment in obtaining medical services. I agree that if medical services are required for my child, the DIOCESE OF MONTEREY Saint Francis Xavier Church will NOT be responsible for any medical expenses.

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 the above-mentioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care that the above mentioned physician in the exercise of his/her judgment may deem advisable.

This authorization shall be in effect during all times that my child is under the supervision of the DIOCESE OF MONTEREY Saint Francis Xavier Church until my child returns from the Faith Formation classed and is no longer under the supervision of the DIOCESE OF MONTEREY Saint Francis Xavier Church.

Mother’s Name ____________________________________________ Date ____________________________

Mother’s signature __________________________________________ Date ____________________________

Father’s Name ____________________________________________ Date ____________________________

Father’s Signature _________________________________________ Date ____________________________

Legal Guardian’s Name ____________________________________ Date ____________________________

Legal Guardian’s Signature ________________________________ Date ____________________________

EMERGENCY CONTACT (Who to contact)

__________________________________________________________ (______) ____________________
Name of Parent/Guardian

Alternate Phone Number in case of emergency________________________________________________________

Physician’s Name and Telephone # ________________________________________________________________ (______) ____________________

Person(s) other than the above to notify in case of emergency:

Name ___________________________________________________ Telephone # (______) 

Name ___________________________________________________ Telephone # (______) 

Special Health Considerations: __________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

Revised 06-18-2014
Saint Francis Xavier Catholic Church
FAITH FORMATION SIGN OUT/PICK UP AUTHORIZATION FORM

FAMILY’S LAST NAME

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<thead>
<tr>
<th>Telephone # (Home)</th>
<th>Work #</th>
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<tr>
<th>Name of Student</th>
<th>Grade</th>
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1. I authorize Saint Francis Xavier Catechetical Program to release my above named child to the adults below in the event that I am unable to pick up him/her up on any given day.

2. I understand that any of these adults may be required to show proper identification and that at the time my child is signed out of the program.
Saint Francis Xavier Catechetical staff relinquishes all responsibility for my child.

3. I also understand that my child will not be released for any reason to any person not on this form unless I submit a written authorization note. (Telephone calls to release student will not be accepted)

SPECIAL CLAUSE FOR BROTHERS/SISTERS
UNDER AGE OF 18 YEARS

1 AUTHORIZES______________________________________________________________ brother / sister of my child/ren to be allowed to sign out my child, in agreement with the terms of this authorization form.

Comments
__________________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________

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<tr>
<th>Name of authorized person</th>
<th>Relationship to student</th>
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Revised 06-18-2014
**SPECIAL CLAUSE FOR CHILDREN**

WHO SIGN OUT FOR THEMSELVES FROM THE CATECHETICAL PROGRAM

WHO COME ALONE WITHOUT PARENTS HELP

I AUTHORIZE my child to sign themselves out of the program, for the following reason: they come walking alone or bike, etc.

Comments

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

**AUTHORIZED PERSONS**

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<th>Names:</th>
<th>Relationship</th>
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<th>Father / Mother or Guardian</th>
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<th>Signature of child who comes alone</th>
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