

St. Timothy Catholic Church

Faith Formation Registration (1 – Grade 12)

1515 Dolan Ave, San Mateo, CA 94401

Term:

Suggested Contribution: Early Bird

Registration: First Child \$100 Each additional

Child \$75: ~After September 15th: First Child

\$125 Each additional Child \$100

FAMILY INFORMATION

Family Last Name: _____

Date: _____

Father's Name: _____

Father's Cell : _____

Mother's Name: _____

Mother's Cell: _____

Mother's Maiden: _____

Email Address: _____

Home Phone: _____

Children live with:

Both Parents _____ Mother _____ Father _____

Home Address: _____

Other _____ Relationship _____

City, ST Postal: _____

Mother Catholic Y/N? ____ Father Catholic Y/N? ____

STUDENT #1 INFORMATION

Child Full Name: _____

Gender: Male Female

Sacrament Received

Check box and list church name.
Date if possible

Birth Date: _____

Baptism: _____

City of birth: _____

Eucharist: _____

Name of school: _____ Grade: _____

Reconciliation: _____

Attended Religious Ed last year? ____ If yes, where: _____ Confirmation: _____

Special Needs(Medical, Learning Disabilities, Physical Disabilities, Allergies, etc):

STUDENT #2 INFORMATION

Child Full Name: _____

Gender: Male Female

Sacrament Received

Check box and list church name.
Date if possible

Birth Date: _____

Baptism: _____

City of birth: _____

Eucharist: _____

Name of school: _____ Grade: _____ Reconciliation: _____

Attended Religious Ed last year? ____ If yes, where: _____ Confirmation: _____

Special Needs(Medical, Learning Disabilities, Physical Disabilities, Allergies, etc):

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a photocopy for our files.

Please complete both sides

Received: _____

Office Use Only

Tuition DUE: _____

Entered: _____

Tuition PAID: _____

Ck or rept # _____

Additional Students

STUDENT #3 INFORMATION

Child Full Name: _____

Gender: Male Female

Birth Date: _____

City of birth: _____

Name of school: _____ Grade: _____

Attended Religious Ed last year? _____ If yes, where: _____

Sacrament Received

Check box and list church name. Date if possible

Baptism: _____

Eucharist: _____

Reconciliation: _____

Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, Allergies, etc):

THE ARCHDIOCESE OF SAN FRANCISCO PARENTAL PERMISSION FORM ACTIVITY:

I give my child permission to attend Faith Formation classes at St. Timothy Catholic.

CHILD'S NAME: _____ Grade _____

CHILD'S NAME: _____ Grade _____

CHILD'S NAME: _____ Grade _____

EMERGENCY CONTACT – OTHER THAN PARENTS:

Name _____ Phone _____

Relationship _____

Please read and initial each paragraph, then sign and date at the bottom.

1. I, the parent/guardian of the above-named child, hereby give my permission for his/her participation in the activity named above. I agree to direct my child to cooperate and conform with the directions and instructions of the parish, school, or Archdiocesan personnel responsible for the activity. _____
2. 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. _____
3. 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. _____
4. I hereby give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician. _____
5. 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. _____

SIGNATURE: _____

DATE: _____

SIGNATURE: _____

DATE: _____

If form is submitted electronically, parent/guardian signature will be collected at earliest opportunity.