



**Mater Dolorosa Church**  
 Child Faith Formation / Religious Education  
 307 Willow Ave. South San Francisco, CA 94080  
 Phone: (650) 588-8175 Website: [www.mdssf.org](http://www.mdssf.org)  
 Email: [cff@mdssf.org](mailto:cff@mdssf.org)



## 2017-2018 REGISTRATION

**(1) STUDENT INFORMATION:**

PLEASE SELECT PREFERRED CLASS TIME BELOW

- Tuesday - 5:45 p.m. (Grades K - 5)  
 Tuesday - 7:00 p.m. (Grades 6 - 12)

LEVEL \_\_\_\_\_

NAME:

\_\_\_\_\_  
 FIRST MIDDLE LAST

BIRTH DATE:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 MONTH DAY YEAR

ADDRESS:

\_\_\_\_\_  
 STREET CITY STATE ZIP

BIRTH PLACE:

\_\_\_\_\_  
 CITY STATE

HOME PHONE: \_\_\_\_\_

GENDER:  MALE  FEMALE

SCHOOL: \_\_\_\_\_

Grade in Fall 2017 \_\_\_\_\_

**SACRAMENT INFORMATION** *(If your child is a NEW student please attach a copy of Baptismal and Communion Certificate)*

Is your child Baptized?  YES  NO Date of Baptism \_\_\_\_\_ Church \_\_\_\_\_

Has your child received Reconciliation?  YES  NO Date of Reconciliation \_\_\_\_\_ Church \_\_\_\_\_

Has your child received First Holy Communion?  YES  NO Date of Communion \_\_\_\_\_ Church \_\_\_\_\_

Does your child have any medical concerns we should be aware of?  YES  NO

If yes, please explain: \_\_\_\_\_

Medications: (if applicable) \_\_\_\_\_

**(2) STUDENT INFORMATION:**

PLEASE SELECT PREFERRED CLASS TIME BELOW

- Tuesday - 5:45 p.m. (Grades K - 5)  
 Tuesday - 7:00 p.m. (Grades 6 - 12)

LEVEL \_\_\_\_\_

NAME:

\_\_\_\_\_  
 FIRST MIDDLE LAST

BIRTH DATE:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 MONTH DAY YEAR

ADDRESS:

\_\_\_\_\_  
 STREET CITY STATE ZIP

BIRTH PLACE:

\_\_\_\_\_  
 CITY STATE

HOME PHONE: \_\_\_\_\_

GENDER:  MALE  FEMALE

SCHOOL: \_\_\_\_\_

Grade in Fall 2017 \_\_\_\_\_

**SACRAMENT INFORMATION** *(If your child is a NEW student please attach a copy of Baptismal and Communion Certificate)*

Is your child Baptized?  YES  NO Date of Baptism \_\_\_\_\_ Church \_\_\_\_\_

Has your child received Reconciliation?  YES  NO Date of Reconciliation \_\_\_\_\_ Church \_\_\_\_\_

Has your child received First Holy Communion?  YES  NO Date of Communion \_\_\_\_\_ Church \_\_\_\_\_

Does your child have any medical concerns we should be aware of?  YES  NO

If yes, please explain: \_\_\_\_\_

Medications: (if applicable) \_\_\_\_\_

**\*\* Please complete both sides of the registration form \*\***

**PARENT INFORMATION:**

Are you a **registered** parishioner at Mater Dolorosa?  YES  NO

If you are **NOT** a registered parishioner, we invite you to complete a registration form and submit it along with your child's CFF registration. A registered parishioner receives parish news regularly.

<b><u>FATHER:</u></b>			
NAME:	_____		
	LAST NAME	FIRST	
RELIGION:	_____		
WORK Phone:	_____		
CELL Phone:	_____		
E-MAIL Address:	_____		
HOME Address: <i>(if different from child's)</i>	_____		
STREET	CITY	STATE	ZIP

<b><u>MOTHER:</u></b>			
NAME:	_____		
	LAST NAME	FIRST	
RELIGION:	_____		
WORK Phone:	_____		
CELL Phone:	_____		
E-MAIL Address:	_____		
HOME Address: <i>(if different from child's)</i>	_____		
STREET	CITY	STATE	ZIP

Parent's Marital Status: (Circle One)    Married                      Divorced    Widowed    Single    Remarried

Child lives with: (Circle One)            Mother & Father    Mother    Father    Other: \_\_\_\_\_

**PARENTAL PERMISSION AND HEALTH AUTHORIZATION FORM**

I agree, to the extent permitted by law, that in the event my child is injured as a result of his/her participation, including but not limited to transportation to and from the activity, whether or not caused by the negligence (active or passive) of the parish and school 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 of mine or of my spouse.

*In the event we cannot be reached in an emergency, I/we hereby give permission for the Catechist/Adult Teacher to authorize by his/her signature whatever medical treatment may be considered necessary by the attending physician for my/our child.*

Parent/Guardian Signature _____	Print Name _____	Date _____
---------------------------------	------------------	------------

Parent/Guardian Signature _____	Print Name _____	Date _____
---------------------------------	------------------	------------

**EMERGENCY CONTACT INFORMATION:**

If I cannot be reached in case of emergency please contact:

Name (Please PRINT) _____	Relationship to Child _____	Home Phone _____	Cell Phone _____
Name (Please PRINT) _____	Relationship to Child _____	Home Phone _____	Cell Phone _____

**EARLY REGISTRATION TUITION & REGISTRATION FEE:**

1 Child enrolled in program	\$75.00	Registration fee for NEW students	\$10.00 per family
2 Children enrolled	\$95.00	Early enrollment discount (ends 5/31/17)	\$20.00 per family
3(+) Children or more enrolled	\$115.00	Referral discount	\$10.00 for 1 family enrolled
1 Child - 2 <sup>nd</sup> year sacrament	\$110.00	Late fee <i>(applied after August 15, 2017)</i>	\$20.00 per family
2 Children - 2 <sup>nd</sup> year sacrament	\$165.00	Communion/Confirmation Retreat fee	TBD

*Scholarships/Tuition Assistance available to registered and active parishioners. Assistance based on completion of the financial aid form and approval from Pastor.*

**FOR OFFICE USE ONLY:**

Tuition Received	Baptism & Communion Certificate(s) Received	
Date _____	Amount _____	Child (1) _____ Child (2) _____

THE ARCHDIOCESE OF SAN FRANCISCO

PARENTAL PERMISSION FORM

ACTIVITY (Describe in detail, including time, place, and transportation):

PARTICIPATION IN MATER DOLOROSA CHILD FAITH FORMATION WEEKLY CLASSES, EVENTS AND ACTIVITIES DURING SEPTEMBER 2017 – MAY 2018.

Parents and/or responsible family members are expected to provide transportation to and from MD.

CHILD'S NAME: \_\_\_\_\_ PARISH: MATER DOLOROSA CHURCH

ADDRESS (Street, City, Zip) \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS (Street, City, Zip) \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_

PERSON(S) (OTHER THAN PARENT/GUARDIAN) TO NOTIFY IN CASE OF EMERGENCY:

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

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.

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.

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.

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.

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/School/Agency and affiliate organizations.

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(While being sensitive to single-parent situations and possible embarrassment to the children, signature of both parents should be obtained when possible.)

Both sides of the form must be completed & signed.

THE ARCHDIOCESE OF SAN FRANCISCO

**WAIVER AND RELEASE FORM RELATING TO MINORS**

In consideration of the acceptance of my child's application for participation in the event described herein, I hereby grant permission for my child to participate in the event 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 the event or activity described herein, including but not limited to transportation to and from the event or activity, 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 **MATER DOLOROSA CHURCH (Parish/Agency)** 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

**PARTICIPATION IN MATER DOLOROSA CHILD FAITH FORMATION WEEKLY CLASSES, EVENTS AND ACTIVITIES DURING SEPTEMBER 2017 – MAY 2018.**  
*Parents and/or responsible family members are expected to provide transportation to and from MD.*  
*(Describe event/activity, dates and duration of event/activity, and time/place)*

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 this event, and further, my child's physical condition for safe participation in this above-described event or activity 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 the event or activity, 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, that 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 this event or activity for my child's own personal enjoyment and benefit, and is done so freely with full knowledge of the risks and dangers incident thereto.

-----

\_\_\_\_\_  
*(Signature of Father/Guardian)*      *Date*      *(Signature of Mother/Guardian)*      *Date*

**Phone Number(s) of Parent(s)/Guardian(s) in case of Emergency:**

(\_\_\_\_) \_\_\_\_\_      (\_\_\_\_) \_\_\_\_\_

I have read and/or discussed with my parents this Waiver and Release form concerning my participation in the event. I understand it and agree that the Waiver and Release shall apply to me also.

\_\_\_\_\_  
*(Print Participant's Name)*      *(Signature of Participant)*      *Date*

**Person(s) (other than parents/guardians) to notify in case of emergency:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Both sides of the form must be completed & signed.**

\_\_\_\_\_



Let the little children  
come to me ....

**Mater Dolorosa Catholic Church**  
 Child Faith Formation / Religious Education  
 307 Willow Ave. South San Francisco, CA 94080  
 Ph: 650.588.8175 Email: cff@mdssf.org

**2017-2018**

**EMERGENCY HEALTH/MEDICAL INFORMATION AND CONSENT**

\_\_\_\_\_  
 FAMILY NAME (printed)

\_\_\_\_\_  
 Name of Child (printed)

\_\_\_\_\_  
 Name of Child (printed)

\_\_\_\_\_  
 Name of Child (printed)

In the event of an emergency, I, the undersigned parent/guardian of the child(ren) named on this form, hereby give permission to **THE ROMAN CATHOLIC ARCHBISHOP OF SAN FRANCISCO, A CORPORATION SOLE, and Mater Dolorosa Church**, the Pastor, employees, agents, representatives, chaperones and adult volunteers (the Designated Person(s)) to arrange for and authorize emergency medical, dental, or surgical treatment for my child, as considered necessary by the attending physician or dentist. I wish to be advised prior to any further post-emergency treatment by the hospital, doctor or dentist.

**PHYSICIAN/MEDICAL INSURANCE INFORMATION**

Family Doctor	Phone	Family Dentist	Phone
Family Health Plan Carrier	Phone	Policy/Group #	

I also agree to provide the Pastor, the designated Mater Dolorosa representatives, chaperones or adult volunteer with current telephone numbers at which I can be reached, as well as the names and phone numbers of individuals who are likely to know where I am should an emergency arise.

**EMERGENCY CONTACTS**

Print Name/Relationship to Child	Phone	Print Name/Relationship to Child	Phone
Address	Alt. Phone	Address	Alt. Phone

In the event of an emergency, if you are unable to reach me at the numbers provided during registration, please contact the individuals listed above.

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

1. If my child becomes ill with symptoms that do not indicate emergency medical treatment (e.g., headache, vomiting, sore throat, fever, diarrhea), I wish to be called to be informed of my child's condition.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

2. My child is currently taking the following medication(s), which he/she will be bringing on this activity in well-labeled containers that include clear directions for dosage and frequency of usage. I hereby give permission the Designated Person (s) to administer the following medication(s):

---

---

---

---

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

3. No medication of any type (prescription or nonprescription) may be administered to my child unless his/her condition is life threatening and emergency treatment is required, as considered necessary by the attending physician.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

4. I hereby grant permission for nonprescription medication (e.g., non-aspirin pain relievers, throat lozenges, cough syrup) to be given to my child, if deemed advisable by the Designated Person(s).

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Specific Medical Information / Conditions**

Allergic reactions (to medications, foods, plants, insects, etc.)?

---

---

Immunizations (date of last tetanus/diphtheria immunization):

---

---

Current medications being taken by child:

---

---

Medically-prescribed dietary restrictions?

---

---

Physical limitations?

---

---

History of severe homesickness, emotional reactions to new situations, sleepwalking, bed wetting, fainting?

---

---

Any recent exposure to contagious disease/condition, such as mumps, measles, chicken pox? If so, specify the date and the condition exposed to:

---

---

Any other special medical issues to be aware of?

---

---

---

---

---



Mater Dolorosa Catholic Church  
Child Faith Formation / Religious Education  
307 Willow Ave. South San Francisco, CA 94080  
Ph: 650.588.8175 Email: cff@mdssf.org

2017-2018

## Student Release Form

Family Name: \_\_\_\_\_

Child: \_\_\_\_\_ Level \_\_\_\_\_

Child: \_\_\_\_\_ Level \_\_\_\_\_

Child: \_\_\_\_\_ Level \_\_\_\_\_

Child: \_\_\_\_\_ Level \_\_\_\_\_

The following people are authorized to pick up my child/children:

_____	_____
Print Name	Relationship to Child
_____	_____
Print Name	Relationship to Child
_____	_____
Print Name	Relationship to Child
_____	_____
Print Name	Relationship to Child

I/We hereby authorize Mater Dolorosa to release my child/children to the people listed above.

_____	_____	_____	_____
Signature of Parent/Guardian	Date	Signature of Parent/Guardian	Date





Mater Dolorosa Catholic Church  
Child Faith Formation / Religious Education  
307 Willow Ave. South San Francisco, CA 94080  
Ph: 650.588.8175 Email: cff@mdssf.org

2017-2018

## Walk Permission

I/We request that our child/children be allowed to walk home from Mater Dolorosa Church after the CFF session on Tuesdays or other CFF activity/events during the week:

_____	_____	_____	_____
Print Name		Print Name	
_____	_____	_____	_____
Signature of Parent/Guardian	Date	Signature of Parent/Guardian	Date

Child: \_\_\_\_\_ Level \_\_\_\_\_

Child: \_\_\_\_\_ Level \_\_\_\_\_

Child: \_\_\_\_\_ Level \_\_\_\_\_

Child: \_\_\_\_\_ Level \_\_\_\_\_