



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

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: _____
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HOME PHONE: _____ **GENDER:** MALE FEMALE

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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.

<u>FATHER:</u>			
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

<u>MOTHER:</u>			
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 _____
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Parent/Guardian Signature _____	Print Name _____	Date _____
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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 nd year sacrament	\$110.00	Late fee <i>(applied after August 15, 2017)</i>	\$20.00 per family
2 Children - 2 nd 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) _____