



St. Anselm Religious Education

REGISTRATION FORM 2018-2019

P. O. Box 1061 Ross, CA 94957
Rectory located at 97 Shady Lane, Ross
(415) 453-2342

Tuition:
One Child: \$175
Family (2 or more children): \$250

Family Information

Family Name _____

Mailing Address _____

Physical Address Street City Zip

 Street City Zip

Father's (Guardian's) Name: _____ Mother's (Guardian's) Name: _____

First Last First Last

Father's/Guardian's Email Address: _____ Father/Guardian Cell _____

Mother's/ Guardian's Email Address: _____ Mother/Guardian Cell _____

For office use:
Paid: \$ _____
Chk. # _____
Date: ___/___/___

Are you a registered member of St. Anselm Parish?

If not, call the rectory to register.

Do you have a child over 7 years old who has not been Baptized?

Do you have a child older than 2nd grade who has not received First Communion? _____

Volunteer

Please indicate any area in which you can help:

_____ Teacher/ Teacher aid (Religious Education fee waived) _____ Hospitality _____ Music
_____ Walking children to Church _____ Help with Christmas Pageant
_____ Other, Please specify: _____

Student(s) Information

Name	Date of Birth	School	Grade
First _____ Last _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Walking Permission

My child(ren) named above, have my consent to take supervised walking field trips with his/her Religious Education class in the San Anselmo/ Ross Valley area, including to St. Anselm Church.

Parent/Guardian Signature _____

Date _____

**St. Anselm Religious Education
Sign In & Out Waiver of Rights**

It is required by the Archdiocese that parents/ guardians sign in and out their children. Since we, St. Anselm Church, allow parents/ guardians to drop off their children at the school and pick them up at the church without signing in and out, we request that you waive your rights so we can continue this process. If you opt not to waive your rights, then you will have to sign in and out your child at every class session.

Waive of Rights

I _____ parent or guardian of _____, hereby understand that by signing this form, I am **waiving my rights** to sign in and sign out my child(ren). This means, St. Anselm Church is not held responsible if anything should happen if I am not on time to pick up my child(ren) at the church. I understand that once the children arrive on church grounds, they are no longer under the responsibility of St. Anselm Church.

Signature of Parent/Guardian: _____, Date: _____

Do not Waive Rights

I _____ parent or guardian of _____, **do not** wish to waive my rights. I understand that by not waiving my rights, I am responsible to sign in my child(ren) and go into the school to sign them out for pick up.

Signature of Parent/ Guardian: _____, Date: _____

**St. Anselm Religious Education Program Handbook
Acknowledgement Form
FOR PARENTS/GUARDIANS:**

I/we agree to join with the DRE, the Pastor and staff at St. Anselm Church in working to fulfill the Program's mission statement. Specifically, I/we agree to:

- Meet my/our financial obligations in a timely manner.
- Read the Parent-Student Handbook carefully and abide by the Program's regulations and procedures.
- Instruct my/our child/children in the Program's regulations and procedures, as outlined in the handbook.
- Inform my/our child/children that they are to take their faith formation responsibilities seriously by participating appropriately in classes, praying and being an active participant in all Program activities.

Name of Parent/Guardian

Signature of Parent/Guardian

Name of Parent/Guardian

Signature of Parent/Guardian

Date _____

Archdiocese of San Francisco
St. Anselm Church
Religious Education Program
Parental Permission & Health Authorization Form
Please note: One completed form per child is required

Child's Name _____, DOB _____ Grade _____

Family Physician _____, Phone # _____

Address _____
City _____ Zip code _____

Medical Plan _____ Medical Plan # _____

Does your child have or is subject to: (please circle all that apply) Asthmas, Faint Spells, Diabetes,

Convulsions, Heart Trouble, Allergy or reaction to any medication: please list:

Sport Restrictions: _____

Food Allergies: _____

Other, (please describe): _____

Have difficulty with: (please circle all that apply) Eyes Ears Nose Throat Lungs Digestion Menstruation

Any condition(s) requiring medication? _____

Name of medication(s): _____

Person to notify in emergency (other than parent):

Name _____ Phone _____

I/We, the parents/guardians of the above named child hereby give my/our permission to his/her participation in any and all Religious Education activities. I/We agree to direct my/our child to cooperate and conform to directions & instructions of Religious Ed personnel responsible for Religious Education activities.

I/We agree that in the event my/our child is injured as a result of his/her participation in Religious Education activities, including transportation to & from these activities, whether or not caused by the negligence of the school Religious Education program or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs & expenses will first be had against any accident, hospital or medical insurance, or any available benefit of mine/ours.

In the event we cannot be reached in an emergency, I/we hereby give permission for:

Adult Leader(s): DRE & Class Teacher(s)

To authorize by his/her signature whatever medical treatment may be considered necessary by the attending physician for my/our child.

Parents/Guardians Signature _____

Parents/Guardians Name _____

Date _____