

IMPORTANT

EARLY REGISTRATION

April 1st – May 31st

“DISCOUNTED” ENROLLMENT FEE

Faith Formation: \$60.00/child
1st Communion (Yr.2): \$90.00/child

REGISTRATION DATES

June 1st – August 31st

REGISTRATION FEES

1st Child: \$80.00/child
2nd Child & Succeeding: \$70.00/child
1st Communion (Yr.2): \$100/child

LATE REGISTRATION

Starting September 1st

REGISTRATION FEES

1st Child: \$90.00/child
2nd Child & Succeeding: \$80.00/child
1st Communion (Yr.2): \$110/child

Make check payable to:

EPIPHANY CHURCH

Registration Fee is Non-refundable

REQUIREMENTS CHECKLIST

- Registration Form
- Registration Fee
- Parental Permission
- Health Authorization

(1st Communion Candidate Year 2 ONLY)

- Copy of Baptismal Certificate
- Headshot Photo for 1st Communion Certificate and Photo mailing

OFFICE NOTES ONLY

DATE RECEIVED: _____
Receipt Number: _____



Church of the Epiphany

EPIPHANY SCHOOL OF RELIGION

827 Vienna St., San Francisco, CA 94112

(415) 333-7630, Ext. 13

REGISTRATION FORM

(1st through 6th Grade students)

Application for School Year: _____ Grade Level This Fall: _____

Check that applies: NEW STUDENT RETURNING STUDENT
 1st Communion Preparation (Year 1) 1st Communion Candidate (Year 2)

STUDENT INFORMATION

LAST NAME			FIRST NAME
GENDER	AGE	DATE of BIRTH	PLACE of BIRTH

STUDENT'S ADDRESS: _____

SACRAMENTS RECEIVED			
Please Check	YES	NO	
BAPTISM			Languages Spoken
RECONCILIATION			Parish Involvement
HOLY COMMUNION			
CONFIRMATION			Enrolled in what School?

PARENTS INFORMATION

FATHER'S Full NAME: _____

Religion: _____ Email: _____

Mobile: _____ Home Phone: _____

Address: _____

MOTHER'S Full NAME: _____

Religion: _____ Email: _____

Mobile: _____ Home Phone: _____

Address: _____

MARITAL STATUS	Check that applies	Child Lives With	Check that applies
Married		Father & Mother	
Separated		Father	
Divorced		Mother	
Widowed		Grandparent	
Single Parent		Others	

IN CASE OF EMERGENCY

GUARDIAN'S Name: _____

Mobile: _____ Email: _____

IMPORTANTE

“DESCUENTO” CUOTA de INSCRIPCIÓN 1 de Abril al 31 de Mayo

Formación de fe: \$60.00/child
1ª Comunión (año 2): \$90.00/child

FECHAS de INSCRIPCIÓN De 1 Junio a 31 Agosto

CUOTAS de INSCRIPCIÓN

1er niño: \$80.00/niño
2do niño y subsiguiente: \$70.00/niño
1ª Comunión (año 2): \$100/niño

REGISTRO FUERA DE PLAZO Empezando 1 de Septiembre

CUOTAS de INSCRIPTIO

1er niño: \$90.00/niño
2do niño y subsiguiente: \$80.00/niño
1ª Comunión (año 2): \$110/niño

Escriba el cheque a nombre de:
EPIPHANY CHURCH
*La cuota de inscripción no es
reembolsable*

LISTA de REQUISITOS

- Forma de Registracion
- Cuota de Inscripcion
- Permiso de los Papas
- Autorizacion Sanitaria

*(SOLAMENTE para candidatos de Primera
comuni3n A3o 2)*

- Debe adjuntarse copia del
certificado de Bautismo
- Foto de cabeza para certificados y
fotos de 1ª comuni3n enviado por
correo

NOTAS PARA LA OFICINA SOLAMENTE

FECHA RECIBIDA: _____
Número de recibo: _____



IGLESIA de la EPIFANIA

ESCUELA de RELIGION de la EPIFANIA

827 Vienna St., San Francisco, CA 94112

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FORMULARIO de INSCRIPCIÓN (Estudiantes de 1er a 6to Grado)

Aplicaci3n para el a3o escolar: _____ Nivel de grado este oto3o: _____

Indique que aplica: ESTUDIANTE NUEVO ESTUDIANTE DE REGRESO
 Preparacion para 1ª Comuni3n (año 1) Candidato para 1ª Comuni3n (año 2)

INFORMACION del ESTUDIANTE

APELLIDO		PRIMER NOMBRE	
GENERO	EDAD	FECHA de NACIMIENTO	LUGAR de NACIMIENTO

DIRECCION del ESTUDIANTE: _____

SACRAMENTOS RECIBIDOS			
Por favor chequear	SI	NO	
BAUTISMO			¿Idiomas que se hablan?
RECONCILIACION			¿Participaci3n parroquial?
1ST COMMUNION			
CONFIRMACION			¿Inscrito en qu3 escuela?

INFORMACION de los PADRES

NOMBRE COMPLETO del PAPA: _____

Religion: _____ Correo Electronico: _____

Movil: _____ Numero de Casa: _____

Direccion: _____

NOMBRE COMPLETO la MAMA: _____

Religion: _____ Correo Electronico: _____

Movil: _____ Numero de Casa: _____

Direccion: _____

ESTADO CIVIL	Cheque que aplica	Hijo/Hija vive con	Cheque que aplica
Casado/Casada		Padre y Madre	
Separado/Separada		Padre	
Divorciado/Divorciada		Madre	
Viudo / Viuda		Abuelo / Abuela	
Padre/Madre Soltero/a		Otros	

EN CASO DE EMERGENCIA

Nombre de la persona de contacto: _____

Movil: _____ Correo Electronico: _____

Parents Permission & Health Authorization Form

I/We, the parent(s), guardians(s) of the named child(ren) on the front page of this document hereby give my/our permission to her/his participation in any and all Religious Education activities. I/we agree to direct my/our child(ren) to cooperate and conform with directions and instructions of Religious Education personnel responsible for Religious Education activities.

I/We agree that in the event my/our child(ren) is injured as a result of her/his participation in Religious Education activities, including transportation to and from these activities, whether or not caused by the negligence of the parish/school Religious Education 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 of mine/ours.

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

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

The following must be completed by parent or guardian.

Family Physician _____ Phone # _____

Address _____ City & Zip _____

Medical Plan _____ Plan Number _____

If you do not want medical care given to your child(ren), please state your reasons:

Does your child(ren) have or is subject to (check if yes):

Asthma Fainting Spells Convulsions Diabetes Heart Trouble

Allergy or reaction to ANY medication – List _____

Sports Restrictions – List _____

Other – Describe _____

Have difficulty with (check if yes):

Eyes, ears, nose, throat Digestion Lungs Other _____

Any condition now requiring medication? YES NO If yes, please list name of medications _____

Any restriction of activity for medical reasons? YES NO If yes, explain:

