

# IMPORTANT

## EARLY REGISTRATION

April 1<sup>st</sup> – May 31<sup>st</sup>

### “DISCOUNTED” ENROLLMENT FEE

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

## REGISTRATION DATES

June 1<sup>st</sup> – August 31<sup>st</sup>

### REGISTRATION FEES

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

## LATE REGISTRATION

Starting September 1<sup>st</sup>

### REGISTRATION FEES

1<sup>st</sup> Child: \$90.00/child  
2<sup>nd</sup> Child & Succeeding: \$80.00/child  
1<sup>st</sup> 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

(1<sup>st</sup> Communion Candidate Year 2 ONLY)

- Copy of Baptismal Certificate
- Headshot Photo for 1<sup>st</sup> 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

(1<sup>st</sup> through 6<sup>th</sup> Grade students)

Application for School Year: \_\_\_\_\_ Grade Level This Fall: \_\_\_\_\_

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

## STUDENT INFORMATION

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

STUDENT'S ADDRESS: \_\_\_\_\_

SACRAMENTS RECEIVED				
<i>Please Check</i>	YES	NO	Languages Spoken	
BAPTISM			Parish Involvement	
RECONCILIATION				
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

(415) 333-7630, Ext. 13

## 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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_