



Please confirm that any pre-printed information is current. If not, please cross out and print updates.

Child's Full Name:
Street Address:
City, State Zip Code:
PSFF classes are Sundays, 8:55 – 10:05 AM in the Saint Simon School building
Please indicate the Sacrament your child has already celebrated, including dates, if known:
Baptism: No <input type="checkbox"/> Yes <input type="checkbox"/> date: _____ Church: _____ Baptismal certificate on file? Yes <input type="checkbox"/> No <input type="checkbox"/>

Gender	Date of Birth	Age by Sept. 1, 2017	School Attending	Child Resides with:
				<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____

	Mother's Information	Father's Information
First & Last Name		
Home Phone		
Email Address (print)		
Cell or Work Phone		
Please indicate the Sacraments that <i>you the parents</i> have celebrated.	Mother's Religion: _____	Father's Religion: _____
	Baptism <input type="checkbox"/> Confirmation <input type="checkbox"/> 1 st Eucharist <input type="checkbox"/> Matrimony/Convalidation <input type="checkbox"/> Are you interested in celebrating any of these Sacraments? Yes <input type="checkbox"/> No <input type="checkbox"/>	Baptism <input type="checkbox"/> Confirmation <input type="checkbox"/> 1 st Eucharist <input type="checkbox"/> Matrimony/Convalidation <input type="checkbox"/> Are you interested in celebrating any of these Sacraments? Yes <input type="checkbox"/> No <input type="checkbox"/>

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I hereby authorize CFF Personnel to render emergency medical treatment to my child in the event of injury or illness. **When I cannot be reached or notified about the illness/accident, the following have been notified and are authorized to act in my absence.**

Contact #1:	Phone:
Contact #2:	Phone:
Doctor Name:	Phone:
Health Insurance Carrier:	Policy No.:
Preferred Hospital	
Dentist Name:	Phone:
Medications Currently Taken	
Allergies	
Special Needs	
Parent (Guardian) Signature	

2017 – 2018 Registration Fees

Please attach your check payable to "St. Simon Parish" to this form, and return to the Parish Office by **September 1, 2017**. A family's inability to pay shall not exclude anyone from our programs. Contact the DCM at 650-967-8311 x32. (OVER →)

One Student	Two Students	Three or More Students	Late Fee
\$175	\$274	\$387	add \$25

Parish Office use: Fee paid _____ Check No. _____ Cash Amount _____ Date _____ Initials _____ (OVER →)

DIOCESE OF SAN JOSE – AUTHORIZATION TO CONSENT TO EMERGENCY MEDICAL CARE
AND WAIVER & RELEASE FORM

I/We _____, the undersigned, are the parent(s) having legal custody or the legal guardian of _____ [child], who was born on _____.

I/We hereby authorize the administration at St. Simon Parish where _____ [child] is enrolled or employed to consent to, and agree to pay for, on my/our behalf any emergency medical, dental, surgical, or hospital care treatment, or diagnosis to be rendered to or for _____ [child] under the general or special supervision of a physician/surgeon or dentist pursuant to Section 6910 of the California Family Code and/or Section 1317 of the Health and Safety Code of California. It is expressly understood and agreed that an "emergency" shall be determined at the discretion of the administration of St. Simon Parish. If the undersigned has left an emergency number on file at St. Simon Parish reasonable attempts will normally first be made to contact the undersigned or his/her designee at such number(s) prior to contacting an emergency treatment organization.

The following information will aid in safe, immediate care by medical personnel:

Date of last tetanus immunization: _____

Known allergies to medications: _____

I/We understand that St. Simon Parish is not legally obligated to make the above referenced consents for medical care. Therefore, in consideration for the above referenced arrangements, the undersigned hereby agree to release, discharge, indemnify and hold harmless The Roman Catholic Bishop of San Jose, a Corporation Sole, its constituent organizations, including, but not limited to St. Simon Parish and their officers, agents and employees, from any and all claims for personal injuries, property damages, or indebtedness for medical treatment expenses that I/We or my/our child may suffer as a result of this arrangement whether or not such injuries, damage, or indebtedness are caused by the negligence (whether active or passive) of any of the entities or individuals named or described above.

Dated: _____

If more than one parent/guardian, both must sign.

Signature of Parent or Guardian

Signature of Parent or Guardian

VIDEO/PHOTO RELEASE

I hereby grant permission / do not grant permission (circle one) to St. Simon Catholic Church to videotape/ photograph my child and without limitation, to use such photos, videos and/or stories in connection with any of the work of St. Simon Catholic Church without consideration of any kind, and I do hereby release the parish, the Pastor, the parish employees and volunteers from any and all claims whatsoever which may arise in said regard.

St. Simon Catholic Parish agrees that the student's name, picture, art, voice, verbal statements, portraits (video or still) shall only be used for public relations, public information, parish promotion, publicity, and instruction. St. Simon Catholic Church further agrees that children under the age of 18 years who appear in a photograph or video will not be identified by any personal details such as name, address (e-mail or postal), telephone or fax numbers, or classroom assignment.

St. Simon Catholic Church will immediately comply with any request by a parent or legal guardian for the removal of specific photographs featuring their child or references to their child's name. Keep in mind that St. Simon Catholic Church has no control over media/ pictures/statements which are taken by anyone other than our parish employees and volunteers. Student and Parent/Guardian understand and agree that photos, videos and/or student statements may be used in subsequent years. If the Student and/or Parent/Guardian wish to rescind this agreement they may do so at any time with written notice.

Child's Name: _____ Effective Date of Agreement: _____
(Print Name)

Signature of Parent or Guardian

Signature of Parent or Guardian