

***Welcome to St. Veronica's  
Special Education Religious Education Program!***

For 10 years St. Veronica Parish has been the host of a Religious Education Program for children and youth.

Our program is open to any child of the Archdiocese, regardless of the parish with which you are affiliated. We welcome you and your child!

Generally, the program meets twice a month - on Saturday mornings 10:30-12 noon. We will begin the 2010-11 year in early October.

We prepare the children for the sacraments of First Communion and Confirmation. Our enrollees continue to attend the program as long as they like!

Our catechists, Sandi Zicke and Pam Lucero, are educational specialists in the field of special education. Both are teachers in the public school system. They bring an unsurpassed dedication and love of teaching to the program.

Through the generous support of the Knights of Columbus, there is no tuition for this program.

Please fill out the registration forms and return to us as your earliest convenience. You can mail them to the Religious Education office or drop them at the rectory. 434 Alida Way South San Francisco, CA 94080

Watch the parish bulletin and website for start date.

If you have questions please call the Religious Education office.

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**Archdiocese of San Francisco**

**St. Veronica Catholic Church 434 Alida Way SSF, CA 94080 (650) 871-5607 [reled@stveronicassf.com](mailto:reled@stveronicassf.com)**

**SPECIAL EDUCATION PROGRAM**

School Year: 2010-11

_____ Family Name	_____ Home Phone Number	_____ Mom's Cell Phone
_____ Home Address	_____ Email	_____ Dad's Cell Phone
_____ City	_____ Emergency Contact Person	_____ Phone #
_____ Zip	_____ Work Phone Number	_____ Occupation
_____ Father's Name /Religion	_____ Work Phone Number	_____ Occupation
_____ Mother's First & Maiden Name	_____ Work Phone Number	_____ Occupation
_____ Religion		

Marital Status: Married [ ] Divorced [ ] Widowed [ ] Single [ ]

**MAIL ALL CORRESPONDENCE TO:** \_\_\_\_\_

Address if different than above. \_\_\_\_\_

**IF YOUR ARE ENROLLING FOR THE FIRST TIME: PLEASE ATTACH A COPY OF EACH CHILD'S BAPTISMAL CERTIFICATE.**

Child's Legal Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade in Sept. \_\_\_\_\_

Parish: \_\_\_\_\_

SACRAMENTAL DATA	DATE	PARISH	CITY/STATE
<b>Baptism</b>	_____	_____	_____

Please indicate which sacrament your child will be preparing for during the year 2010-11:

\_\_\_\_\_ First Communion

\_\_\_\_\_ Confirmation

Where did your child receive his/her First Communion?

First Communion	DATE	PARISH	City/State
	_____	_____	_____

Special needs: medical, learning disabilities, physical disabilities

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ARCHDIOCESE OF SAN FRANCISCO: Parental Permission Form**

**ACTIVITY: *St. Veronica Religious Education Program***

Child(ren 's Name(s):

\_\_\_\_\_  
I, the parent or guardian of the above named child(ren), hereby, give my permission for her/his participation in the activity named above. I agree to direct my child(ren) to cooperate and conform with the directions and instructions of the St. Veronica Religious Education Family Handbook and parish personnel responsible for the activity. I agree to the extent permitted by law, that in the event my child(ren) is injured as a result of her/his participation in the above named activity, including but not limited to transportation to and from the activity, whether or not caused by the negligence (active or passive) of the parish/school or Archdiocesan youth activities 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 plan of mine or of my spouse.

I am not aware of any medical condition of my child(ren) which would render it inappropriate for her/him to participate in any such activity. I, hereby, give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

PLEASE LIST THREE PERSONS, OTHER THAN PARENTS, TO NOTIFY IN CASE OF EMERGENCY AND WHO ARE AUTHORIZED TO PICK-UP YOUR CHILD(REN) IN CASE OF AN EMERGENCY/DISASTER. (NOTE: YOUR CHILD(REN) WILL ONLY BE RELEASED TO SOMEONE WHOSE NAME APPEARS ON THIS LIST) **ALL THREE LINES ARE REQUIRED:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

X \_\_\_\_\_  
Signature of Parent/Guardian Printed Name of Parent/Guardian Date

Please note any medical information or special learning needs you would like us and your child(ren)(ren)'s teacher to know about your child(ren)(ren). (for example food allergies, asthma, medications etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT INVOLVEMENT:** Please indicate in what area(s) of you would like to participate:

- Teaching Grs 1-4    Substitute Teaching Grs 1-4    Teaching Grs 5-8    Substitute Teaching Grs 5-8
- Help in the classroom    Telephoning    Special Events    Help with Christmas Party

**ARCHDIOCESE OF SAN FRANCISCO**  
**Authorization to Consent to Emergency Medical Care and Waiver & Release Form**

I/We \_\_\_\_\_, the undersigned, are the parent(s) having legal custody or the person(s) having legal custody or the legal guardian(s) of \_\_\_\_\_ (child), who was born on \_\_\_\_\_ (month/day/year)

I/We hereby authorize the administration at St. Veronica Church where \_\_\_\_\_ (child) is enrolled 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 1317(d) 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. Veronica Religious Education Program. If the undersigned has left an emergency number on file at St. Veronica Religious Education Program, 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. Veronica Church 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(s) to release, discharge, indemnify and hold harmless the St. Veronica Church, the Archdiocese of San Francisco, and its constituent organizations, and their officers, agents and employees, from any and all claims for personal injuries, property damage, 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.

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**Signature of Parent/Guardian Printed Name of Parent/Guardian** **Date**

**Primary Contact Phone #:** \_\_\_\_\_

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**Signature of Parent/Guardian Printed Name of Parent/Guardian** **Date**

**Primary Contact Phone #:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone** \_\_\_\_\_  
(please print)

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**Primary Insured Name:** \_\_\_\_\_

**Insurance Company Name:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_