Church of the Epiphany
827 VIENNA STREET SAN FRANCISCO CA 94112
415-333-7630 EPIPHANYCHURCHSF@EPIPHANYSF.COM

School of Religion
Faith Formation – First Communion Program (Year 1, Year 2, or O.C.I. Children)
Student Application Information and Expectations

- **Please write legibly and clearly.**
- **Fill out application completely. Do not omit any necessary information.**
- **Submit an in-service mobile phone number in order to receive program related text messages.**
- Submit an active email address in order to receive program related emails program related communication will primarily be through text messages via ***FlockNotes***. **It is your responsibility to update the parish office about any change of mobile phone numbers.**

Faith Formation – First Communion Programs
(Program beginning at 1st through 6th Grade. First Communion is a 2 Year Program)

- **PLEASE INCLUDE WITH COMPLETED APPLICATION A COPY OF THE STUDENT'S BAPTISM CERTIFICATE or Birth Certificate if un baptized.**

For successful enrollment the application must be completely filled out, the medical authorization must be signed, Sacrament certificate copy attached and enrollment fee paid in full. To ensure this, applications must be submitted in person at the parish office. If dropping off or mailing, ensure everything above mentioned is completed because **the application will not be processed if incomplete**.

Minimum expectations:

- Attend every class on Saturday mornings
- *Only four unexcused absences allowed*
- Two class tardy are equal to one unexcused absence
- Must complete all assignments given by catechists

If any of these minimum requirements are not fulfilled, the student will be dropped from the program's current year and parents will be invited to enroll their child for the next year.

Elastic clause: The Director of Religious Education reserves the right to amend, suspend or add any new rules or guidelines to the aforementioned policies in consultation with the Pastor. Furthermore, the Director reserves the right to enforce standards of conduct and behavior not mentioned in the foregoing policies.

Fr. Eugene Tungol
Pastor

Mr. John Mills
Director of Religious Education

_____
Parent/Guardian Signature affirming above mentioned expectations

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RELIGIOUS EDUCATION – FAITH FORMATION PROGRAM

REGISTRATION FORM

☐ 1ST COMMUNION - YEAR 1 (1ST GRADE & UP)
☐ CONFIRMATION - YEAR 1 (7TH GRADE & UP)
☐ O.C.I. CHILDREN (AGES 7-15 NOT BAPTIZED)
☐ 1ST COMMUNION (YEAR 2)
☐ CONFIRMATION (YEAR 2)
☐ FAITH FORMATION (CONTINUED LEARNING)

SCHOOL YEAR: _____ GRADE LEVEL THIS FALL: _____

STUDENT INFORMATION

LAST NAME	FIRST NAME

GENDER	AGE	DATE OF BIRTH	PLACE OF BIRTH

SACRAMENTS RECEIVED				
PLEASE CHECK	YES	NO	ENROLLED IN WHAT SCHOOL?	
BAPTISM			LANGUAGE/S SPOKEN	
RECONCILIATION			PARISH INVOLVMENT	
HOLY COMMUNION			WAS THE CHILD INVOLVED IN THIS PROGRAM LAST YEAR ☐ YES ☐ NO	
CONFIRMATION				

PARENT INFORMATION

Mother's Full Name: _____ Religion: _____
Address: _____
Mobile: _____ Home: _____
Email: _____

Father's Full Name: _____ Religion: _____
Address: _____
Mobile: _____ Home: _____
Email: _____

IN CASE OF EMERGENCY CONTACT

Name: _____
Mobile: _____

Parent's Marital Status	✓ that applies	Child lives with	✓ that applies
Married		Father & Mother	
Separated		Father	
Divorced		Mother	
Widowed		Grandparent	
Single Parent		Other	

*** If child lives with a parent (single, separated, divorced), child must have written permission from other parent to receive sacraments or proof of custody.**

FOR OFFICE USE

☐ REGISTRATION FORM
☐ REGISTRATION FEE _____
☐ HEALTH AUTHORIZATION FORM
☐ PARENT EXPECTATIONS FORM

ADDITONAL REQUIREMENTS
☐ BAPTISM CERTIFICATE
☐ 1ST COMMUNION CERTIFICATE
☐ SPONSOR FORM (CONFIRMATION)

*MAKE CHECKS PAYBLE TO **EPIPHANY CHURCH**
(REGISTRATION FEE IS NON-REFUNDABLE)

DATE RECEIVED: _____ RECEIPT NUMBER: _____

IMPORTANT

EARLY REGISTRATION:	**JUNE 22 – JULY 3**
COMMUNION / CONFIRMATION YEAR 1:	$ 70.00 / STUDENT
COMMUNION / CONFIRMATION YEAR 2:	$ 90.00 / STUDENT
ADDITIONAL SIBLING	$ 60.00 (Y1) / $80.00 (Y2)
REGULAR REGISTRATION:	**JULY 6 – AUGUST 21**
COMMUNION / CONFIRMATION YEAR 1:	$ 80.00 / STUDENT
COMMUNION / CONFIRMATION YEAR 2:	$ 110.00 / STUDENT
ADDITIONAL SIBLING	$ 70.00 (Y1) / $90.00 (Y2)
LATE REGISTRATION:	**AUGUST 24 – SEPT. 4**
COMMUNION / CONFIRMATION YEAR 1:	$ 90.00 / STUDENT
COMMUNION / CONFIRMATION YEAR 2:	$ 120.00 / STUDENT
ADDITIONAL SIBLING	$ 80.00 (Y1) / $ 100.00 (Y2)
FAITH FORMATION IS	$60.00 / STUDENT

O.C.I.A CHILDREN IS AN ADDITIONAL $140. (THIS INCLUDES BAPTISM PREP CLASS FOR PARENT AND GODPARENTS)

Archdiocese of San Francisco
Epiphany School of Religion

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):

O Asthma O Fainting Spells O Convulsions O Diabetes O Heart Trouble

Allergy or reaction to ANY medication – List_____

Sports Restrictions – List_____

Other – Describe_____

_____

Have difficulty with (check if yes):

O Eyes, ears, nose, throat O Digestion O Lungs O 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:

_____

_____

_____