ST. PATRICK RELIGIOUS EDUCATION PROGRAM

114 King Street, Larkspur, CA 94939

2009 - 2010

SUNDAY CFF REGISTRATION FORM

Grades Pre-K – 5th

MAILING NAME_____HOME PHONE_____

ADDRESS_____
Street City Zip

E-MAIL _____
Print Clearly

CHILD'S NAME	GRADE	SCHOOL ATTENDING

_____ _____ _____
FATHER'S NAME WORK PHONE CELL

_____ _____ _____
MOTHER'S NAME WORK PHONE CELL

NOTE BELOW IF THERE IS AN ADDITIONAL MAILING ADDRESS FOR YOUR FAMILY:

_____
MAILING NAME ADRESS CITY ZIP

The adult named below has permission to pick up my child from CFF/SQ class and is also the emergency contact person:

_____ _____
NAME RELATIONSHIP CELL PHONE

I, _____, parent or legal guardian of _____ a minor child, authorize the medical or surgical treatment which may be necessary in an emergency for the well being of the minor, in my absence. I hold St. Patrick Parish or its agents, blameless.
My child has the following allergies or special medical condition:_____

_____

_____
Parent/Guardian Signature Date

FEES: Each child: $100.00
Please make checks payable to St. Patrick Church

ST. PATRICK RELIGIOUS EDUCATION PROGRAM

114 King Street, Larkspur, CA 94939

2009 - 2010

TUESDAY CFF REGISTRATION FORM

Grades Pre-K – 5th

MAILING NAME_____HOME PHONE_____

ADDRESS_____
Street City Zip

E-MAIL _____
Print Clearly

CHILD'S NAME	GRADE	SCHOOL ATTENDING

_____ _____ _____
FATHER'S NAME WORK PHONE CELL

_____ _____ _____
MOTHER'S NAME WORK PHONE CELL

NOTE BELOW IF THERE IS AN ADDITIONAL MAILING ADDRESS FOR YOUR FAMILY:

_____
MAILING NAME ADRESS CITY ZIP

The adult named below has permission to pick up my child from CFF/SQ class and is also the emergency contact person:

_____ _____
NAME RELATIONSHIP CELL PHONE

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Parent/Guardian Signature Date

FEES: Each child: $100.00
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