

Santiago de Compostela Catholic Church
Co-op Sunday School (Nursery - Kindergarten) Registration Form
2009 - 2010 School Year

Last Name: _____

Mother's Name: _____ **Father's Name:** _____

Street Address: _____

City: _____ **Zip:** _____

Home #: _____ **Mobile #:** _____

Email (We will use this to communicate parent updates, scheduling changes, etc.): _____

Is your family registered at Santiago? (Yes/No) _____
If not, we ask that you do so at your earliest convenience.

Child's First Name:	Age:	DOB: (MM/DD/YY)

Cost per child is **\$25** to cover materials and expenses for the school year. However, no child will be deprived of this program because of an inability to pay. Such information will be kept confidential. Please make checks payable to **Santiago de Compostela Catholic Church**.

Sunday School is for ages 3 (potty-trained), 4, 5 and Kindergarteners.
 The Nursery is for ages 1, 2, and 3 (not potty trained).

Are there any medical needs, allergies or restrictions that we should know about your child? YES NO
 If yes, please indicate which child (if more than one is enrolled) and the medical need/allergies/restrictions:

Participation Agreement / Medical Release

I give my permission for my son(s)/daughter(s), _____, to participate in all Sunday School activities that will occur during Sunday School. Any exceptions are listed below:

My child may receive necessary first aid treatment from a duly licensed physician, or be admitted to a hospital in case of an emergency if parent cannot be reached first. I will not hold Santiago de Compostela Catholic Church or any of its members liable for any illness or accident that occurs to my child, or any expenses incurred in the treatment thereof while my child is at Sunday School. This Authorization is given pursuant to California Civil Code, 25.8.

Parent's Signature: _____ Date: _____

Office Use Only

Date Received: _____ Check #: _____ Cash: _____ Amount Paid: _____