

St. Anne Catholic Church
K-8 Religious Education Program Registration Form 2018-2019

Student Information

Child's Name: (first, middle, last) _____

Sacraments Received:

- Baptism Where? _____
- Reconciliation (Confession)
- Holy Communion
- Confirmation

Date of Birth: ____/____/____

Grade of Child: K 1 2 3 4 5 6 7 8

Grade for Religious Education: _____

Sex: M F

Place of birth _____

Child's Name: (first, middle, last) _____

Sacraments Received:

- Baptism Where? _____
- Reconciliation (Confession)
- Holy Communion
- Confirmation

Date of Birth: ____/____/____

Grade of Child: K 1 2 3 4 5 6 7 8

Grade for Religious Education: _____

Sex: M F

Place of birth _____

Child's Name: (first, middle, last) _____

Sacraments Received:

- Baptism Where? _____
- Reconciliation (Confession)
- Holy Communion
- Confirmation

Date of Birth: ____/____/____

Grade of Child: K 1 2 3 4 5 6 7 8

Grade for Religious Education: _____

Sex: M F

Place of birth _____

Family Information

Father's Name: _____ Religion: _____

Mother's Name: _____ Religion: _____

Legal Guardian: _____

Contact Info:

Name: _____

Street: _____ City: _____ Zip: _____

Home Phone: _____ Mom's Cell: _____ Dad's Cell: _____

Email Address: _____

Are you Registered Parishioners of St. Anne Church? Yes No

Medical / Emergency Information

Name of Child #1 _____

Medical, Environmental & Food Allergies _____

Significant Medical History _____

Name of Child #2 _____

Medical, Environmental & Food Allergies _____

Significant Medical History _____

Name of Child #3 _____

Medical, Environmental & Food Allergies _____

Significant Medical History _____

Name of Physician: _____

Phone: _____

Address:

Medical Insurance Company:

Insurance Number: _____

Other contact in case of an emergency:

Name: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

Medical Release

In the event that the undersigned, or my (our) authorized physician, cannot be reached and in the judgment of Piper Grazulis, Coordinator of Religious Education, or appropriate staff member, it seems necessary for immediate medical examination and/or treatment of my (our) child, such medical services as are deemed necessary. I agree to assume the financial responsibility for any diagnosis / treatment and for medication deemed necessary.

Dates for which this release is intended: September 2018 ~ May 2019.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Tuition Information:

\$60 per student (**\$70 if registered after Friday, August 31st**)

\$10 materials fee for sacraments

Total for this family \$ _____

Paid \$ _____ Balance due \$ _____

Volunteers

Please indicate if you will consider working with us in one of the following ways:

- _____ Chaperone Mass as needed
- _____ Furnish supplies / or snacks as needed
- _____ Become a catechist
- _____ Help at a sacrament Mass

Schedule

This year's Religious Education classes will be meeting on Sunday's from 9:00am –10:15am followed by 10:30am mass. There will be volunteers to chaperone your children at Mass should you be unable to attend. **REGULAR MASS ATTENDANCE IS STRONGLY ENCOURAGED** by both parents and children.

To Parents of 2nd graders:

You will be receiving information via e-mail regarding your child's preparation for the Sacraments of First Reconciliation and First Holy Communion. We look forward to these Celebrations with your family this year.

To Parents of 7th and 8th graders:

This is a Confirmation year. You will be receiving information via e-mail regarding your child's preparation for Confirmation.

To all Parents:

Please do not hesitate to contact me with questions, concerns or comments at 815-288-3131 or evangelizestanne@gmail.com. I look forward to working with each one of you as we strive to assist the children in understanding their faith and loving our God!



St. Anne, Pray for us!

Piper Grazulis, Coordinator of Religious Education

PHOTO PERMISSION SLIP

From time to time we take pictures during Religious Education activities.

We would like your permission to use these pictures...

- on the parish or school website
- on the parish or school's official Facebook page
- in the parish or school newsletter
- on the parish or school bulletin boards
- in the parish bulletin

- in The Observer/El Observador
- other _____

Pictures are selected to highlight activities at our parish/school.

Please take a moment to let us know your preferences regarding our use of photos of your children:

YES. I grant permission to use photos of my child in the ways I've indicated above with an X.

-OR-

NO. Please do NOT take or use any photos of my child.

If I marked an X next to The Observer/ El Observador, the official newspapers of the Diocese of Rockford, I also give permission for child's name to be identified as being in the photo.

If I marked an X next to any of the others (on the parish or school website, on the parish or school official Facebook page, in the parish or school bulletin boards, in the parish bulletin, or other) I understand my child's name will not be used.

Child(ren)'s Name(s) (PLEASE PRINT):

Parent/Guardian's Name (PLEASE PRINT):

Parent/Guardian's Signature:

Date: _____