

For Office Use

Family Name: _____

Registered member of The Church of St. Ann _____

Fee: _____ Amt. Pd _____ cash _____ ck # _____

Parish Religious Education Program Registration Form

The Church of Saint Ann
1253 Lawrence Avenue
Lawrenceville, NJ 08648
609-882-6491 ext235

Fees
2018 – 2019
\$85 one child
\$170 two children
\$225 three or more children in one family
\$150 GOF per family

Complete Form. Print clearly. For first time registrations, please bring a copy of each child's Baptismal Certificate.

Child's Full Name (First, Middle, & Last)	Gender M/F	Date of Birth	RE Level 2018- 2019	Grade in school	Session Preference			Baptism Date & Parish (if received)	1 st Penance Year & Parish (if received)	1 st Communion Year & Parish (if received)
					Sun	Mon	GOF			

Family Name: _____ Home Phone #: _____

Address: _____ Street _____ City _____ Zip Code _____ Email: _____

Are you currently a registered member of The Church of Saint Ann? Yes No If no, where are you registered? _____
If registered at another parish, a letter from your pastor granting permission to attend must accompany this form and if receiving a sacrament at St. Ann please have that permission granted as well.

Father's Name: _____ Religion _____ Cell Phone # _____

Mother's Name: _____ Religion _____ Cell Phone # _____

Mother's Maiden Name: _____

CUSTODY: Are there any custody/legal issues? yes no (If yes, please provide a complete copy of the latest court order.)

*Name of person responsible for Religious Education if not a Parent/Guardian _____ Relationship _____

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*Parent/guardian must provide a signed, dated letter of permission to the Coordinator of Religious Education (CRE) which is to be kept on file and updated annually.

EMERGENCY CONTACT INFORMATION:

If we are unable to reach you, whom should we contact?

Name: _____ Relationship: _____ Phone (home) _____ (cell) _____

Promotional Release:

I consent to the use of any video tapes and/or photographs in which my child appears by Diocese of Trenton and/or the parish. _____
(signature)

CONSENT FOR MEDICAL CARE:

I give permission that, in my absence, my children whose names appear on page 1 of this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program programs and activities at The Church of Saint Ann.

Signed (Parent/Legal Guardian): _____ Date: _____

MEDICAL/LEARNING DATA

If any of the following apply to your child, please list his/her name and give details in the appropriate spaces.

Child's Name	Medical Conditions/Allergies	Prescribed Medications	Disability* / Learning Support Services Please be specific and detailed	Individualized Education Program IEP or 504 **
				<input type="checkbox"/> YES
				<input type="checkbox"/> NO
				<input type="checkbox"/> YES
				<input type="checkbox"/> NO
				<input type="checkbox"/> YES
				<input type="checkbox"/> NO

****We would like additional information about your child's needs to ensure a pleasant learning experience. Please contact the Religious Education office in person or by phone.**

* As defined by *Individuals with Disabilities Education Act*

Signature _____ Date _____ Relationship to Child(ren) _____