

**ST ANN'S RELIGIOUS EDUCATION/YOUTH MINISTRY PROGRAM
2022-2023 REGISTRATION FORM**

DATE: _____

FAMILY NAME: _____

MAILING ADDRESS: _____

HOME PHONE: _____

REGISTERED PARISHIONER? **YES NO**
YEAR REGISTERED: _____ Circle one

PRIMARY EMAIL: _____

St. Ann's RE/YM Office will communicate via email in most cases. Please designate a primary email address above to receive all notices via RE-Mail.

MOTHER/LEGAL GUARDIAN: FULL NAME _____ MAIDEN NAME _____

E-MAIL _____ RELIGION _____ OCCUPATION _____

PLACE OF EMPLOYMENT _____ BUS. PHONE _____ MARITAL STATUS: MARRIED _____ SEPARATED _____

DIVORCED _____ REMARRIED _____ DECEASED _____ SINGLE _____ **CHILD(REN) LIVE WITH:** BOTH PARENTS () FATHER () MOTHER () GUARDIAN ()

Mother's Signature: _____

FATHER/LEGAL GUARDIAN : FULL NAME _____

E-MAIL _____ RELIGION _____ OCCUPATION _____

PLACE OF EMPLOYMENT _____ BUS. PHONE _____ MARITAL STATUS: MARRIED _____ SEPARATED _____

DIVORCED _____ REMARRIED _____ DECEASED _____ SINGLE _____ **CHILD(REN) LIVE WITH:** BOTH PARENTS () FATHER () MOTHER () GUARDIAN ()

Father's Signature: _____

EMERGENCY CONTACT PERSON : FULL NAME _____ RELATIONSHIP TO CHILD _____

PHONE (REACHABLE ON SUNDAYS) _____ OCCUPATION _____

PLACE OF EMPLOYMENT _____

PLEASE LIST ANY SPECIAL NEEDS, MEDICATIONS, ALLERGIES AND/OR DISABILITIES THAT MAY PERTAIN TO YOUR CHILD/CHILDREN:

Yes, I hereby grant permission for St. Ann RE/YM to request a copy of my child/children's Baptism certificate from St. Ann's Rectory (If child was baptized at St. Ann Church).
(Please check.)

SURVEY FOR PARENT SUPPORT	RE/YM REGISTRATION FEES	PAYMENT TOTAL
<p>PLEASE CHECK AS MANY ITEMS BELOW WHICH YOU CAN PARTICIPATE IN... MAHALO!</p> <p>SPECIAL EVENTS :</p> <p>____ Parent Workday</p> <p>____ Special Church events</p> <p>____ Retreat volunteer</p> <p>____ OFFICE/CLERICAL ASSISTANCE</p> <p>____ OTHER _____</p>	<p>1ST CHILD: \$35.00, 2ND CHILD: \$ 25.00, EACH ADDITIONAL CHILD: \$15.00</p> <p>YM T-SHIRT – REQUIRED: \$ 8.00 (6TH - 8TH GRADE STUDENTS)</p> <p>YM T-SHIRT-REQUIRED: \$10.00 (HIGH SCHOOL STUDENTS)</p> <p>PLEASE INDICATE YM SHIRT SIZE (YOUTH SIZE ONLY): S M L XL OR XXL</p>	<p>____ REG. FEES</p> <p>____ YM T-SHIRT</p> <p>____ DONATION</p> <p>____ TOTAL FEES</p>
<div style="border: 1px solid black; padding: 5px;"> <p>ST. ANN CHURCH RESERVES THE RIGHT TO USE STUDENT PICTURES IN PUBLICATIONS AND ON THE CHURCH WEBSITE. THE RELIGIOUS EDUCATION OFFICE MUST HAVE ON FILE A WRITTEN NOTICE FROM ANY PARENT PROHIBITING THE USE OF THEIR CHILD'S PICTURE IN RE/YM PUBLICATIONS AND WEBSITE. SUCH NOTICE MUST BE RECEIVED BY SEPTEMBER 25 2022.</p> </div>	<p>FUNDRAISER SUPPORT: I WOULD LIKE TO HELP BY:</p> <p>PLEASE INDICATE IF YOU WOULD LIKE TO HELP SUPPORT OUR RE/YM PROGRAM BY EITHER MAKING A \$25 DONATION PER CHILD OR SELLING A FUNDRAISER PRODUCT IN LIEU OF DONATION.</p> <p>____ Each child to participate in a Fundraiser Program to begin in September (more details to come.)</p> <p>____ or by making a donation of \$25 per child</p> <p>**No child will be refused registration because of cost. Please see cashier for details.</p>	<p>FOR OFFICE USE:</p> <p>____ CASH _____ CHK #</p> <p>____ WAIVER (CA or FA)</p> <p>Please make checks payable to St. Ann Religious Education</p>

STUDENT LEGAL NAME: _____ STUDENT IS ... RETURNING (FROM 2021-22) _____ NEW: _____ *IF NEW, PLEASE ANSWER THE FOLLOWING: -HAS YOUR CHILD RECEIVED ANY PREVIOUS RELIGIOUS EDUCATION? YES _____ NO _____ *IF YES, PLEASE INDICATE PARISH _____ YEAR(S) ENROLLED _____ GRADE LEVEL(S) COMPLETED : _____	BIRTHDATE	AGE	OFFICE USE: SACRAMENTS IN 2022-2023: YES NO (CIRCLE ONE) BIRTH CERT. RCVD: _____ BAPT. CERT. RCVD: _____ PARISH REG. VER: _____ CLASS PLACEMENT:
	CURRENT SCHOOL	GRADE IN THE FALL, 2022:	
CATHOLIC BAPTISM: HAS YOUR CHILD RECEIVED A CATHOLIC BAPTISM? YES _____ NO _____ IF NO, LIST RELIGION OF BAPTISM:	CHURCH OF BAPTISM	CITY & STATE	DATE OF BAPTISM

IF YOUR CHILD IS PREPARING TO RECEIVE ANY SACRAMENTS IN 2022-2023, PUT A CHECK NEXT TO THE APPROPRIATE SACRAMENT(S) BELOW:

BAPTISM _____ CONFIRMATION _____ 1ST RECONCILIATION / 1ST EUCHARIST _____

My child has received 1st Reconciliation/Eucharist. Church _____ City & State _____ Date: _____

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