

**ST ANN'S RELIGIOUS EDUCATION/YOUTH MINISTRY PROGRAM
2023-2024 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
PLEASE CHECK AS MANY ITEMS BELOW WHICH YOU CAN PARTICIPATE IN... MAHALO! SPECIAL EVENTS: <input type="checkbox"/> Parent Workday <input type="checkbox"/> Special Church events <input type="checkbox"/> Retreat volunteer <input type="checkbox"/> OFFICE/CLERICAL ASSISTANCE <input type="checkbox"/> OTHER _____	1 ST CHILD: \$35.00, 2 ND CHILD: \$ 25.00, EACH ADDITIONAL CHILD: \$15.00 YM T-SHIRT – REQUIRED: \$ 8.00 (6 TH - 8 TH GRADE STUDENTS) YM T-SHIRT-REQUIRED: \$10.00 (HIGH SCHOOL STUDENTS) PLEASE INDICATE YM SHIRT SIZE (Adult sizes only): S M L XL OR XXL	_____ REG. FEES _____ YM T-SHIRT _____ DONATION _____ TOTAL FEES
<div style="border: 1px solid black; padding: 5px;"> ST. ANN CHURCH & SCHOOL 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 24, 2023. </div>	FUNDRAISER SUPPORT: I WOULD LIKE TO HELP BY: 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. <input type="checkbox"/> Each child to participate in a Fundraiser Program to begin in September (more details to come.) <input type="checkbox"/> or by making a donation of \$25 per child **No child will be refused registration because of cost. Please see cashier for details.	FOR OFFICE USE: <input type="checkbox"/> CASH <input type="checkbox"/> CHK # <input type="checkbox"/> WAIVER (CA or FA) Please make checks payable to St. Ann Religious Education

STUDENT LEGAL NAME: _____ STUDENT IS ... RETURNING (FROM 2022-23) _____ 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 2023-2024: 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 2023-2024. 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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