

**ST ANN'S RELIGIOUS EDUCATION/YOUTH MINISTRY PROGRAM**  
**2025-2026 REGISTRATION FORM**

DATE: \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PRIMARY EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

REGISTERED PARISHIONER? **YES NO**  
YEAR REGISTERED: \_\_\_\_\_ Circle one

*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 REYM 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:  ____ Parent Workday ____ Special Church events ____ Retreat Volunteer/Chaperone  ____ RE Office/Clerical Support  ____ OTHER _____	1 <sup>ST</sup> CHILD: \$40.00, 2 <sup>ND</sup> CHILD: \$ 30.00, EACH ADDITIONAL CHILD: \$20.00  YM T-SHIRT – REQUIRED: \$ 10.00 (6 <sup>TH</sup> - 8 <sup>TH</sup> GRADE STUDENTS)  YM T-SHIRT-REQUIRED: \$10.00 (HIGH SCHOOL STUDENTS)  <i>PLEASE CIRCLE YM SHIRT SIZE (Adult sizes only): S M L XL OR XXL</i>	____ REG. FEES  ____ YM T-SHIRT  ____ DONATION  ____ TOTAL FEES
<div>ST. ANN CHURCH &amp; REYM 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 SUNDAY, SEPTEMBER 21, 2025.</div>	<b>FUNDRAISER SUPPORT: I WOULD LIKE TO HELP BY:</b>  PLEASE INDICATE IF YOU WOULD LIKE TO HELP SUPPORT OUR RE/YM PROGRAM BY EITHER MAKING A \$30 DONATION PER CHILD OR SELLING A FUNDRAISER PRODUCT IN LIEU OF DONATION.  ____ Each child to participate in a Fundraiser Program to begin in September (more details to come.)  ____ or by making a donation of \$30 per child  <b>**No child will be refused registration because of cost. Please see cashier for details.</b>	<b>FOR OFFICE USE:</b>  ____ CASH ____ CHK #  ____ WAIVER (CA or FA)  <b>Please make checks payable to St. Ann Religious Education</b>

<b>STUDENT LEGAL NAME:</b> _____  STUDENT IS ... RETURNING (FROM 2024-25) _____ NEW: _____ <b>*IF NEW, PLEASE ANSWER THE FOLLOWING:</b>  -HAS YOUR CHILD RECEIVED ANY PREVIOUS RELIGIOUS EDUCATION? YES _____ NO _____ <b>*IF YES, PLEASE INDICATE PARISH:</b> _____ YEAR(S) ENROLLED _____ GRADE LEVEL(S) COMPLETED: _____	<u>BIRTHDATE</u>     <u>CURRENT SCHOOL</u>	<u>AGE</u>    <u>SEX</u> M / F circle one  <u>GRADE IN THE FALL, 2025:</u>	<b>OFFICE USE:</b> SACRAMENTS IN 2025-2026: YES _____ NO (CIRCLE ONE) _____  BIRTH CERT. RCVD: _____ BAPT. CERT. RCVD: _____  PARISH REG. VER: _____  <b>CLASS PLACEMENT:</b>
<b>CATHOLIC BAPTISM:</b> HAS YOUR CHILD RECEIVED A CATHOLIC BAPTISM? YES _____ NO _____ IF NO, LIST RELIGION OF BAPTISM: _____	<u>CHURCH OF BAPTISM</u>	<u>CITY &amp; STATE</u>	<u>DATE OF BAPTISM</u>

**IF YOUR CHILD IS PREPARING TO RECEIVE ANY SACRAMENTS IN 2025-2026. PUT A CHECK NEXT TO THE APPROPRIATE SACRAMENT(S) BELOW:**

BAPTISM \_\_\_\_\_ CONFIRMATION \_\_\_\_\_ 1<sup>ST</sup> RECONCILIATION / 1<sup>ST</sup> EUCHARIST \_\_\_\_\_

*My child has received 1<sup>st</sup> Reconciliation /Eucharist. Church \_\_\_\_\_ City & State \_\_\_\_\_ Date: \_\_\_\_\_*

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